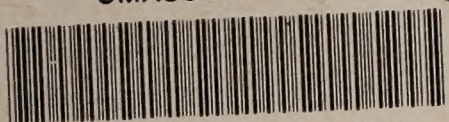



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THE COMMONWEALTH OF MASSACHUSETTS

MASSACHUSETTS DEPARTMENT OF PUBLIC WELFARE
CODE OF MASSACHUSETTS REGULATIONS
TITLE 106 CMR CHAPTERS 301-306

AID TO FAMILIES WITH DEPENDENT CHILDREN
PROGRAM REGULATIONS



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106 CMR: DEPARTMENT OF PUBLIC WELFARE

AID TO FAMILIES WITH DEPENDENT CHILDREN

TABLE OF CONTENTS

| <u>CHAPTER</u> | <u>TITLE</u> |
|----------------|---------------------------------|
| 301.000 | General Policies |
| 302.000 | The Eligibility Process |
| 303.000 | Categorical Requirements |
| 304.000 | Financial Eligibility |
| 305.000 | Related Benefits |
| 306.000 | Auxiliary Activities |
| 307.000 | Employment and Training Program |
| 309.000 | Emergency Assistance |
| 328.000 | Refugee Resettlement Program |

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIESSECTION

301.XXX

TABLE OF CONTENTS

| | |
|---------|--|
| 301.000 | Overview of General Policies |
| 301.100 | Authority for the Department of Public Welfare |
| 301.110 | Programs Administered by the Department |
| 301.120 | Limitation on Program Eligibility |
| 301.200 | The Aid to Families with Dependent Children Program |
| 301.210 | Administration of the AFDC Program |
| 301.220 | Availability of AFDC Benefits |
| 301.230 | Obtaining AFDC Benefits |
| 301.240 | The AFDC Manual |
| 301.300 | Rights of Applicants and Recipients |
| 301.310 | Right to Nondiscrimination and Equal Treatment |
| 301.320 | Right to Confidentiality |
| 301.330 | Right to Information |
| 301.340 | Right to a Fair Hearing |
| 301.350 | Right to Representation |
| 301.400 | Responsibilities of Applicants and Recipients |
| 301.410 | Responsibility for Providing Verifications |
| 301.420 | Responsibility for Notification of Changes |
| 301.430 | Responsibility for Furnishing Information |
| 301.440 | Responsibility for Cooperating in the Eligibility Determination Process |
| 301.450 | Photo Identification Cards |
| 301.500 | Timely Provision of Benefits |
| 301.510 | Time Standards for Department Action |
| 301.520 | Time Standards for Verification |
| 301.530 | Table of Time Standards |
| 301.600 | Definition of Terms |

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

Rev. 5/80

Chapter 301
Page 301.000

301.000: Overview of General Policies

This chapter provides an introduction to the Aid to Families with Dependent Children (AFDC) Program in the Commonwealth of Massachusetts and to the Department of Public Welfare, which administers the program.

The policies described in this chapter are the basis for the administration and functioning of the program; eligibility policies are discussed in Chapter 303: Categorical Requirements, and Chapter 304: Financial Eligibility. The subjects covered herein are:

- (A) Authority for the Department of Public Welfare, Section 301.100;
- (B) The Aid to Families with Dependent Children Program, Section 301.200;
- (C) Rights of Applicants and Recipients, Section 301.300;
- (D) Responsibilities of Applicants and Recipients, Section 301.400;
- (E) Timely Provision of Benefits, Section 301.500; and
- (F) Definition of Terms, Section 301.600.

301.100: Authority for the Department of Public Welfare

The Massachusetts Department of Public Welfare is created by Massachusetts General Laws Chapter 18, as amended. Under this law, the Department administers various programs established by General or Special Laws of the Commonwealth, by Executive Order of the Governor of the Commonwealth, and by agreements with the United States Department of Health and Human Services (DHHS).

The rules, regulations, and policies of the Department are promulgated and implemented in accordance with General Laws Chapter 30A, as amended, and in accordance with other applicable General Laws of the Commonwealth. The regulations of the Department are found in Title 106 of the Code of Massachusetts Regulations (CMR).

301.110: Programs Administered by the Department

The various programs administered by the Department include the following:

- (A) Aid to Families with Dependent Children (AFDC);

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

- (B) Emergency Assistance (EA);
- (C) General Relief (GR);
- (D) Medical Assistance (MA);
- (E) Reserved;
- (F) Refugee Resettlement Program (RRP); and
- (G) Food Stamps (FS).

The administrative and eligibility requirements of these programs are provided in the appropriate Department regulations. Benefits of programs other than the AFDC Program that may be available to recipients of AFDC, such as Medical Assistance, Emergency Assistance, and Food Stamps, are summarized in these regulations.

301.120: Limitation on Program Eligibility

AFDC recipients may receive Emergency Assistance (EA), Medical Assistance (MA), and Food Stamps (FS) while on AFDC; but they are not concurrently eligible for any of the following: Refugee Resettlement Program (RRP); General Relief (GR); Supplemental Security Income (SSI); or Veterans Service Benefits (VSB).

301.200: The Aid to Families with Dependent Children Program

The AFDC Program is a program that provides financial assistance and a limited range of social services to families with dependent children. The program is authorized by Title IV-A of the Social Security Act.

The Department of Public Welfare administers the financial assistance component of the program. The social service component is administered by the Department of Social Services (DSS). At the federal level, both components are administered by the Department of Health and Human Services (DHHS).

Massachusetts General Laws, Chapter 118, as amended, provides for the program to be administered at the state level by the Massachusetts Department of Public Welfare in accordance with Title IV-A of the Social Security Act, applicable federal regulations, and official issuances of DHHS.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES301.210: Administration of the AFDC Program

The policies of the financial assistance component of the AFDC Program are formulated by the Department's Central Office, located in Boston. The Central Office provides the general administrative direction for the program.

Benefits and referrals for services are provided to applicants and recipients through a system of Area Offices and Branch Offices.

301.220: Availability of AFDC Benefits

AFDC Benefits provided by the Department are available to eligible applicants and recipients on a statewide basis. The standards for determining financial eligibility and the amount of assistance are established on an objective and equitable basis in accordance with federal regulations.

Only the benefits authorized in these regulations may be provided by the Department.

301.230: Obtaining AFDC Benefits

AFDC applicants and recipients obtain benefits through contact with workers in the Department's Area Offices and Branch Offices. These workers carry out the Department's responsibility to:

- (A) Advise applicants and recipients of all requirements and benefits of the program;
- (B) Advise applicants and recipients of their rights;
- (C) Respect the rights of applicants and recipients;
- (D) Determine eligibility and amount of the grant;
- (E) Advise applicants who are denied AFDC of the availability of other Department programs for which they may be eligible;
- (F) Make necessary referrals for related benefits and services; and
- (G) Perform the auxiliary administrative activities required.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES301.240: The AFDC Manual

The AFDC Manual contains policies and standards for the AFDC Program administered by the Department. The manual constitutes the regulations of the Department and has the authority of law. Case Managers must cite the relevant regulations as support for case actions. The authoritative text of the manual is that published by the Secretary of State of the Commonwealth of Massachusetts.

Copies of the manual are available to the public for inspection at the Department's Area and Branch offices.

301.300: Rights of Applicants and Recipients

The policies of the AFDC Program must be administered in accordance with the rights guaranteed to applicants and recipients by Massachusetts and federal law, federal regulations, the policies of the Department and general principles of privacy and personal dignity. Applicants and recipients must be treated with consideration and respect and must be able to discuss their requests with a Case Manager in privacy. Case Managers may not enter a home by force or under false pretenses, make unnecessary home visits outside of working hours, or conduct searches in the home.

301.310: Right to Nondiscrimination and Equal Treatment

All activities conducted by the Department must be carried out in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.), and the Massachusetts Constitution. The Commonwealth of Massachusetts, Department of Public Welfare does not discriminate on the basis of race, color, sex, national origin, handicap or age in admission or access to, or treatment or employment in, its programs or activities. An Affirmative Action Officer has been designated to help coordinate the Department's effort to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80, 84 and 91) implementing these Federal laws. For further information about the regulations and the Department's grievance procedures for resolution of discrimination complaints, contact the Affirmative Action Officer, Department of Public Welfare, 180 Tremont Street, Boston, MA. 02111.

Benefits under the AFDC Program must be provided to all applicants and recipients on an equal basis. All applicants and recipients must be treated in the same manner in determining whether they meet eligibility requirements, in calculating the amount of the grant, and in providing related benefits and referrals for services.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

301.320: Right to Confidentiality

The confidentiality of information in the case record is protected in accordance with the provisions of 106 CMR 100 through 108: Fair Information Practices.

Information in case records may be disclosed for certain purposes which do not violate this right to confidentiality.

301.330: Right to Information

The applicant or recipient or his or her designated representative has the right to inspect his or her own case record and to challenge information contained therein. The Department may correct inaccurate information in the case record pursuant to 106 CMR 106.000: Fair Information Practices Objections.

301.340: Right to a Fair Hearing

The applicant or recipient has the right to a fair hearing as set forth in 106 CMR 343.000: Fair Hearing Rules. Appeals for a fair hearing are discussed in Section 302.600.

301.350: Right to Representation

The applicant or recipient has a right to be assisted, accompanied and, when accompanied, represented by an individual of his or her choice in contacts with the Department and in the various aspects of the eligibility process.

301.400: Responsibilities of Applicants and Recipients

The applicant or recipient has specific responsibilities as described in Sections 301.410 through 301.440.

301.410: Responsibility for Providing Verifications

To establish eligibility for AFDC, the applicant/recipient must meet categorical and financial eligibility factors. (S)he must submit verifications required by AFDC policy to demonstrate that these eligibility factors have been satisfied.

The applicant/recipient has the primary responsibility for providing the verifications required to establish eligibility for AFDC. The worker is responsible for explaining the verification process to the applicant/recipient, identifying the specific verifications that must be submitted and all alternative verifications which establish the eligibility factor, and assisting in obtaining required verification(s) when the worker is aware that the applicant/recipient is unable to obtain the verification. (See Section 302.310: Responsibility for Verification.)

If the required verification is dependent on a third party and if the applicant/recipient or the worker are unable to obtain it, the worker shall inform the applicant/recipient of the option to verify the eligibility factor by a self-declaration or third party statement in accordance with subsection 302.340(B).

If the required documentation is not submitted and the worker is unable to obtain such verification or to determine if the AFDC eligibility factors have been met, assistance for the affected household member(s) must be denied/terminated/reduced.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

Chapter 301

Rev. 1/90

Page 301.420

301.420: Responsibility for Notification of Changes

The applicant or recipient is required to report to the Department within 10 calendar days any changes in his or her circumstances that may affect his or her eligibility or the amount of the grant.

The Department shall periodically notify the applicant or recipient of this responsibility.

301.430: Responsibility for Furnishing Information

The applicant or recipient must provide information in response to requests from the Department's Case Managers and its Division of Quality Control if such information is requested for purposes of program administration.

301.440: Responsibility for Cooperating in the Eligibility Determination Process

The recipient is responsible for keeping appointments scheduled by the Department for the purpose of redetermining eligibility. Failure to be present for a scheduled home visit or office appointment constitutes failure to cooperate in the eligibility determination process and renders the recipient ineligible for AFDC unless he or she contacts the Case Manager before or on the date of the appointment to reschedule.

The rescheduled appointment must be conducted within 10 calendar days of the original appointment. Failure to keep such appointments shall constitute failure to cooperate in the eligibility determination process unless the recipient contacts the Case Manager prior to the appointment and one of the following applies:

- . the recipient or other family member was ill or incapacitated;
- . the recipient was not adequately notified of this appointment;
- . the appointment conflicted with the recipient's working hours;
- . the recipient was having difficulties with child care arrangements; or
- . other circumstances beyond the control of the recipient prevented him or her from keeping the appointment.

Assistance shall be terminated upon proper notification where the Case Manager is unable to complete the redetermination due to lack of response to the redetermination notice. If the recipient subsequently completes the redetermination process within 30 calendar days of the termination date, the Case Manager shall determine eligibility based upon information submitted during the redetermination process and within the 30 calendar day period following the termination date.

If the recipient is determined to be eligible, assistance shall be authorized retroactive to the date of termination if the verifications demonstrate continuous eligibility, or retroactive to the date on which all eligibility factors were met, whichever is later.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES301.450: Photo Identification Cards(A) Requirements

The Department shall provide each grantee-relative (see 106 CMR 301.600), including those grantee-relatives who are not themselves included in the assistance unit, with a photo identification card.

- (1) If the grantee-relative is not a food stamp head of household, no fees will be charged for either the original or any subsequent replacement photo identification cards.
- (2) If the grantee-relative is also a food stamp head of household, no fee will be charged for either the original or first-replacement photo identification card. However, beginning with the second replacement and each photo identification replacement thereafter, a fee will be charged. The fee, as determined by the Department, but not exceeding the total costs of production of the photo identification, must be paid by either check or money order. Cash payment will not be accepted.

The replacement fee, when applicable, must be paid at the time the photograph is taken for the chargeable replacement photo identification. A temporary identification must be issued to allow the transaction of one additional food stamp ATP pending either payment of the replacement fee or actual receipt of the replacement photo identification.

(B) Exceptions

In the situations outlined below, an identification card containing the photograph of the grantee-relative is not required. The Department shall issue these individuals an identification card annotated to show that an exception to the photograph requirement has been granted.

- (1) A grantee-relative whose religion does not allow him or her to be photographed. The Department shall require such individuals to provide a signed statement that his or her religious beliefs do not allow him or her to be photographed. The statement shall specify the biblical or other basis for his or her religious belief and shall be filed in the case record.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

- (2) A grantee-relative unable to come to the local office due to serious personal illness expected to last 60 days or more shall be issued an identification card that does not contain a photograph. The illness must be verified by a written statement from a competent medical authority (see 106 CMR 301.600) giving the expected duration of the illness. At the expiration of this verification the grantee-relative must either surrender the identification card without a photograph and cooperate in obtaining a photo identification card or submit a new medical statement verifying continued incapacity.

A grantee-relative unable to come to the local office due to a personal illness expected to last less than 60 days shall be issued a temporary identification card. The illness must be verified by a written statement from a competent medical authority (see 106 CMR 301.600) giving the expected duration of the illness. At the expiration of this verification the grantee-relative must either submit a new medical statement or cooperate in obtaining a photo identification card in accordance with 106 CMR 301.450(A).

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES301.500: Timely Provision of Benefits

All benefits for which recipients are eligible, or auxiliary activities necessary for the delivery of these benefits, must be provided with reasonable promptness. This requirement is satisfied by compliance with Time Standards for Department Action, as set forth in 106 CMR 301.530: Table of Time Standards.

Time standards that relate to processing of AFDC applications are addressed in 106 CMR 302.160: Time Standards for Application.

Benefits include the grant as well as the MassHealth card. Emergency Assistance and other related benefits are described in 106 CMR 305: Related Benefits.

Auxiliary activities are the activities necessary for the receipt of the benefits described above. These include, but are not limited to, changing an address; responding to an inquiry, request, or complaint; replacing a lost or stolen check; adjusting the grant; and authorizing a related benefit.

301.510: Time Standards for Department Action

- (A) The time standard required for Department action is the number of days within which the Department must complete the action necessary for the provision of the benefit. Benefit delivery time is counted in consecutive calendar days beginning on the day after request for the benefit, and includes the day when the benefit is provided, or a voucher is issued, or a third party is authorized to provide the benefit. Issuance of temporary Medicaid ID cards is measured in working days.
- (B) A request for a benefit may be made orally or in writing by a recipient or by a person acting on his or her behalf. The request, whether oral or written, must be recorded or documented in the case record. The date the request is received must be recorded. When the request is for replacement of a lost or stolen check, the date of the request is the date the recipient signs a Statement of Loss Form (FCR-1).
- A request may be made to any of the following individuals: the Financial Assistance Worker assigned to the case, the Financial Assistance Supervisor or the Worker assigned to the case, the Financial Assistance Worker on Duty, the Assistant Director for Assistance Payments or the Director.
- (C) In all cases, the time standard is the maximum time period allowed provided the recipient furnishes the required verification; however, the service or benefit must be provided as soon as possible. The allowable time periods for providing benefits to eligible recipients are extended by the number of days, if any, that a recipient is late in providing verification. Any delay must be recorded in the case record.
- (D) If a recipient requests a benefit in advance, and the deadline for Department action falls before the date the benefit is needed, then action is deferred until, but not beyond, the date the benefit is needed.
- (E) Failure to provide delivery of a benefit within the allowable time period does not relieve the Department of its obligation to provide the benefit.

301.520: Time Standards for Verification

- (A) Except in cases of immediate need and Emergency Assistance (see 302.130(F) and Chapter 309), no benefit may be provided unless all required verifications are present in the case record. If verification is required prior to the provision of a benefit, the recipient must be immediately notified of the specific verification requirements, the time period for such verification, and the effects of late or missing verification.
- (B) "Immediate notification" means one of the following:
- (1) Hand delivered written notice on the date of receipt of a face-to-face request for a benefit;
 - (2) Notice mailed immediately and in no case later than three calendar days of receipt of a mailed request for a benefit; or
 - (3) Oral notice on the date of receipt of a telephone request for a benefit, followed by written notice immediately and in no case later than three calendar days.
- No written notice is required if the request is for a Temporary Medicaid Eligibility Card.
- (C) Upon notification, the recipient must provide the required verification in a timely manner, as set forth in Section 301.530: Table of Time Standards. Recipient verification time is counted in consecutive calendar days beginning on the day after the Department hand delivers or mails notification of verification requirements, and including the day when the last item of required verification is received by the Department. If Department notice to the recipient is late, the time period for verification is counted from the actual date of notification. Failure to provide the required verification within applicable time periods will postpone the date on which the Department can provide the benefit. However, if the Department fails to notify the recipient of verification requirements, the time period for Department action will not be extended.
- (D) Where a recipient is late in providing required verification, but does so within 30 days of notification (or 45 days for AFDC-Related Services), the request must be processed. If timely and adequate notice has been given, and verification has not been provided by the end of 30 days (or 45 days for AFDC-Related Services) after it was requested, or if verification provided establishes that the recipient is not eligible, the benefit must be denied. The recipient retains the right to reapply.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES301.530: Table of Time Standards

The time standards which apply to the benefits authorized by the AFDC Program are given below.

| BENEFITS | MANUAL REFERENCE | RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE | DEPARTMENT BENEFIT DELIVERY TIME (IF VERIFICATION IS TIMELY FROM DATE OF REQUEST FOR BENEFITS) |
|---|--|---|--|
| (A) Vouchers | | | |
| 1. Emergency Assistance | Chapter 309 | Varies by Benefit | Varies by Benefit |
| 2. Advances on Lost and Stolen Check Replacement: | Section 306.430: Immediate Assist- ance Pending Replacement | | |
| Uncashed Checks | | N/A | 7 calendar days* (to issuance of voucher) |
| Cashed Checks | | N/A | 14 calendar days (to issuance of voucher) |
| (B) Replacement of Lost and Stolen Checks: | Section 306.420: Authorization of a Replacement Check | | |
| Uncashed Checks | | N/A | 12 calendar days (to issuance of check) |
| Cashed Checks | | N/A | 26 calendar days (to issuance of check) |
| (C) Issuance of Temporary Medicaid ID Card | Section 302.130(F): Med. Assistance | next working day | Next working day (to issuance of card) |
| (D) Prior Authorization for Medical Transportation | Section 305.140: Medical Transportation | next working day | 7 calendar days (to issuance of prior approval form) |
| (E) Case Maintenance | | | |
| 1. Change of Address | Section 302.400: Case Maintenance | 8 calendar days if verification is necessary (see 306.410) | 14 calendar days (to entry on file) |
| 2. Increase in Grant | Section 302.400: Case Maintenance | 10 calendar days | 19 calendar days (to entry on file) |
| (F) AFDC-Related Services | Chapter 305 | 26 calendar days | 45 calendar days |

*The period must be the number of days, if less than 7, necessary to avoid any serious and imminent risk to the health and safety of the applicant or recipient which might arise from failure to act until the full 7 days have elapsed.

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

Chapter 301

Rev. 12/87

(1 of 5) Page 301.600

301.600: Definition of Terms

Certain terms have a specialized meaning in the administration of the AFDC Program. This section provides a brief definition of these terms and a manual reference where a more complete definition and any program requirements may be found.

Terms which are used according to their standard dictionary definitions are not included.

(A) Appeal

An appeal is a written request for a fair hearing on an action proposed or taken by the Department or on the Department's failure to act.

Manual Reference: 302.600, 343.000

(B) Assets

Assets are objects of value, not defined as income herein, such as personal property, real estate, automobiles, life insurance, cash and bank deposits, securities, and certain other items.

Manual Reference: 304.100

(C) Assistance Unit

The assistance unit is comprised of those persons whose needs are considered in determining eligibility and the amount of the grant, and who are eligible to receive benefits under Aid to Families with Dependent Children (AFDC). All persons required to be in the assistance unit must be included in the filing unit.

Manual Reference: 304.300, 304.305, 304.320

(D) Auxiliary Activities

Auxiliary activities are those administrative actions necessary to ensure that the benefits authorized for eligible recipients are provided in a timely and accurate manner.

Manual Reference: 306.000

(E) Case Record

The case record is the permanent collection, in written form, of the information necessary for determining eligibility and providing benefits and referrals for services.

Manual Reference: 302.410

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

Chapter 301

Rev. 12/87

(2 of 5) Page 301.600

(F) Competent Medical Authority

In certain situations, verification by an appropriate competent medical authority is required.

A competent medical authority is a physician or psychologist licensed by the Commonwealth of Massachusetts or, for the limited purpose of diagnosing pregnancy and pregnancy-related incapacity, a nurse-midwife who meets the educational and certification requirements mandated by state law and/or regulations.

Manual Reference: 303.330, 307.110(B)

(G) Dependent Child

A dependent child is a needy child who is:

- (1) deprived of the support or care of one or both of his or her natural or adoptive parents through death, continued absence, incapacity, or unemployment; and
- (2) under the age of 18; or under the age of 19 if the child is a full-time student in grade 12 or below, in a school not beyond the secondary level or a vocational or technical training program of the equivalent level designed to lead to gainful employment, and the child is expected to graduate or complete the course of study or training before his or her 19th birthday.

The term, dependent child, as used throughout these regulations, is understood to include the plural.

Manual Reference 303.100

(H) Deprivation Factor

The deprivation factor is one of the four circumstances that fulfills the AFDC eligibility requirement that a child lack the care or support of a natural or adoptive parent. The four circumstances are death, continued absence, incapacity or unemployment.

Manual Reference: 303.300

(I) Eligibility Process

The eligibility process consists of those activities that are required in all cases as part of the basic provision of benefits. These activities begin with the application for assistance, include redetermination of eligibility and case maintenance activities, and end with notification and appeal provisions.

Manual Reference: 302.000

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

Rev. 12/87

Chapter 301
(3 of 5) Page 301.600(J) Fair Hearing

A fair hearing is a proceeding conducted by an impartial officer of the Division of Hearings to review an action proposed, taken or not taken by the Department, which has been appealed.

Manual Reference: 302.600, 343.050

(K) Filing Unit

The filing unit is comprised of those persons whose income and assets must be considered in determining eligibility and the amount of the grant for the assistance unit, regardless of whether they were included in the assistance unit.

Manual Reference: 304.300, 304.310

(L) Grant

The grant is the total amount of financial assistance that an assistance unit is eligible to receive. It is paid in the form of semi-monthly checks to recipients, or in the form of vendor payments to providers of goods and services on behalf of recipients.

Manual Reference: 304.600

(M) Grantee-Relative

The grantee-relative is the person who receives the grant for the assistance unit.

Manual Reference: 303.210

(N) Home Visit

A home visit is a visit to the home of the applicant or recipient by the Worker for purposes of determination or redetermination of eligibility.

Manual Reference: 302.340

(O) Household

The household is the total group of persons who live together. The assistance unit, the filing unit, and the household may or may not be the same group of persons.

Manual Reference: 304.300

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES(P) Income

Income is any money, goods, or services, not defined as assets herein, received from any source, such as salaries, wages, tips, bonuses, annuities, free shelter or utilities.

Manual Reference: 304.200

(Q) Notice

Notice is a written statement of an action proposed or taken by the Department, including the reasons for the action, an appropriate citation to these regulations, and an explanation of the individual's right to appeal. Timely notice is mailed in advance of the date the proposed action is effective, or in specific cases, no later than the date the action is effective.

Manual Reference: 302.500, 343.140, 343.200, 343.210

(R) Recipient

A recipient is any person included in the assistance unit.

Manual Reference: 304.300

(S) Redetermination

A redetermination is a periodic reevaluation of eligibility.

Manual Reference: 302.200

(T) Related Benefits

Related benefits are benefits other than the grant that are authorized by the AFDC program.

Manual Reference: 305.000

(U) Standard of Eligibility

The Standard of Eligibility is used to determine financial eligibility in the 185% Test of Eligibility.

Manual Reference: 304.260, 304.400

AID TO FAMILIES WITH DEPENDENT CHILDREN
GENERAL POLICIES

Rev. 12/87

(V) Standard of Need

The Standard of Need is used to determine financial eligibility in the Second Test of Financial Eligibility and is also used to determine the amount of the monthly grant.

Manual Reference: 304.260, 304.410

(W) Standard of Payment

The Standard of Payment is the maximum amount that an assistance unit may receive as a monthly grant.

Manual Reference: 304.420, 304.500

(X) Vendor Payments

Vendor payments are payments that are made directly to a provider of goods or services on behalf of a recipient of AFDC. Vendor payments include protective payments made because of mismanagement of funds.

Manual Reference: 306.600

(Y) Verification

Verification is the process of ensuring the validity of a statement or circumstance for purposes of determining or redetermining the eligibility of an applicant or recipient.

Manual Reference: 302.300

(Z) Voucher

A voucher is a Department form authorizing a vendor payment.

Manual Reference: 306.600

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AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Rev. 11/85

(1 of 2)

Chapter 302

Page 302.XXX

SECTION

302.XXX

TABLE OF CONTENTS

| | |
|---------|--|
| 302.000 | Overview of the Eligibility Process |
| 302.100 | The Application Process |
| 302.110 | Filing of Applications |
| 302.120 | The Application Interview |
| 302.130 | Application Activities |
| 302.135 | Responsibility for Eligibility Determination |
| 302.140 | Concluding the Application Process |
| 302.150 | Date Assistance Begins |
| 302.160 | Time Standards for Application |
| 302.170 | Reapplication |
| 302.180 | Meeting Application Time Standards |
| 302.200 | Redetermination |
| 302.210 | Frequency of Redetermination |
| 302.220 | The Redetermination Interview |
| 302.230 | Redetermination Activities |
| 302.240 | Concluding the Redetermination Process |
| 302.300 | Verification |
| 302.310 | Responsibility for Verification |
| 302.311 | Responsibility for Verifying Continued Eligibility |
| 302.320 | Information from Government Sources and Banks |
| 302.330 | Frequency of Verification |
| 302.340 | Methods of Verification |
| 302.400 | Case Maintenance |
| 302.410 | Documentation in the Case Record |
| 302.500 | Notification of Proposed Action |
| 302.600 | Appeals |
| 302.610 | Continued Assistance Pending Appeal Decision |
| 302.700 | Development of Other Benefits |
| 302.710 | SSI Benefits |
| 302.720 | Veterans' Services Benefits |
| 302.800 | Assignments for Third Party Recoveries |

SECTION

302.XXX

TABLE OF CONTENTS

| | |
|---------|---|
| 302.900 | Monthly Reporting and Retrospective Budgeting Overview (MRRB) |
| 302.910 | Definitions |
| 302.920 | Initial Determination of Eligibility and Grant Amount |
| 302.930 | Monthly Reporting and Retrospective Budgeting |
| 302.940 | Determination of Continued Eligibility and Grant Amount |
| 302.950 | Inadequate or Incomplete Monthly Report |
| 302.960 | Reinstatement |
| 302.970 | Good Cause for Incomplete or Non-Filed Earned Income Section of a Monthly Report |
| 302.980 | Supplemental Payments |

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESSChapter 302
Page 302.000

Rev. 5/80

302.000: Overview of the Eligibility Process

The eligibility process consists primarily of the determination and redetermination of eligibility. Verification, case maintenance, notification, and consideration of the appeal, if any, are activities which support the determination and redetermination of eligibility.

The various activities that comprise the eligibility process are described in the following sections:

- (A) Applications, Section 302.100;
- (B) Redeterminations, Section 302.200;
- (C) Verification, Section 302.300;
- (D) Case Maintenance, Section 302.400;
- (E) Notification, Section 302.500;
- (F) Appeals, Section 302.600;
- (G) Development of Other Benefits, Section 302.700; and
- (H) Assignments for Third Party Recoveries, Section 302.800.

302.100: The Application Process

The application process consists of all the activities conducted for the purpose of determining the eligibility of an AFDC applicant. These activities are initiated with the filing of an application and concluded with a final disposition of the application.

302.110: Filing of Applications(A) Right to Apply

Every person has the right, and must be afforded the opportunity to apply for AFDC without delay. Individuals who inquire about assistance must be provided with oral and written informational material about the benefits, conditions of eligibility, rights and responsibilities associated with the AFDC Program.

If requested, an application must be taken even though an individual appears to be ineligible.

(B) Definition

An application is a signed and dated request for assistance on a form prescribed by the Department. The application is filed when the applicant signs and dates the prescribed forms. The application is completed by the worker during an intake interview.

An application is distinguished from an inquiry, which is simply a request for information about the AFDC Program or its eligibility requirements. An inquiry may result in an application, referral to another agency, or no further action.

(C) Application for Dependent Children

The application for a dependent child must be filed by the grantee-relative or the grantee-relative's authorized representative.

(D) Activities to be Completed Within 24 Hours

If the worker cannot complete both parts of the application form within 24 hours of filing, excluding weekends and holidays, he, or a Department representative, shall within 24 hours, complete the following activities:

- (1) Log the case in Department records. Logging includes recording the applicant's name, address, telephone number, and the date on which the application for assistance was filed;
- (2) Ask the applicant about, and make provisions to meet, his immediate needs, in accordance with Section 302.130 (F);
- (3) Orally inform the applicant of the steps that he must take to complete the application and of general verification requirements and have the applicant sign and date the first part of the application form;
- (4) Schedule within 7 calendar days any additional interviews that may be necessary to permit mailing of the first check or denial of the application within 30 calendar days.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Chapter 302

- a. If the applicant fails to appear for the scheduled interview, the interview shall be rescheduled for the earliest possible date.
 - b. If the applicant fails to appear for two scheduled interviews, the application shall be denied for unreasonable failure to cooperate.
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AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS302.120: The Application Interview

Each determination of eligibility shall include a face-to-face interview with the applicant.

302.130: Application Activities(A) Completion of Forms

The form for the determination of initial eligibility is the Application for Aid to Families with Dependent Children. The worker is responsible for the completion of the form which is then signed by both the worker and the applicant. The worker is responsible for assuring that the information recorded on the form accurately represents what the applicant states about his or her circumstances.

(B) Identification of the Applicant

The worker must establish the identity of the applicant. Proof of identity may be a Social Security card, driver's license, voter registration card, military service papers, marriage license, employment papers or any of the items in Section 303.120 used in the verification of age.

(C) Development of Other Benefits

The worker must review with the applicant any non-AFDC benefits such as Social Security or SSI to which the applicant or members of the assistance unit may be entitled. See Section 302.700: Development of Other Benefits.

(D) Explanation of Rights and Responsibilities

The applicant must be informed at the time of application of the rights and responsibilities associated with the AFDC Program. See Section 301.300: Rights of Applicants and Recipients, and Section 301.400: Responsibilities of Applicants and Recipients.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESSChapter 302
Page 302.130

Rev. 8/82

(E) AFDC-Related Benefits and Services

The worker must inform the applicant that eligibility for AFDC benefits will confer eligibility for Medical Assistance; that (s)he may choose to apply for Food Stamps as part of the AFDC application process and that his or her Food Stamp eligibility will be determined according to Food Stamp eligibility criteria; and that if (s)he is found ineligible for AFDC (s)he may make a separate application for Medical Assistance and General Relief. The worker must make any necessary arrangements for referrals for other AFDC-related benefits or services, such as Emergency Assistance, retroactive Medical Assistance, day care, baby-sitting, or PGH. See Chapter 305: Related Benefits.

(F) Immediate Needs

At the intake interview, or within 24 hours of the filing of the application if the intake interview cannot be held immediately, the worker must ask the applicant if (s)he is in immediate need of food, shelter (including rent, fuel and utilities) or medical care. If so, and if the applicant appears to be eligible based on the information available, the worker shall inform the applicant of the option to receive an advance on the AFDC payment in the form of a shelter voucher; of the availability of an over-the-counter Authorization to Purchase (ATP) for Food Stamps; of the option to receive an advance on the AFDC payment in the form of a food voucher if (s)he appears to be ineligible for Food Stamps; of the option to receive a Temporary Medicaid Eligibility Card (Form ID-2), if needed.

If any of the above is requested, and the applicant appears to be eligible for AFDC, the worker shall provide the food and shelter vouchers and the OTC/ATP immediately, and the Temporary Medicaid Eligibility Card within one working day of the request.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Chapter 302

Rev. 11/85

(1 of 2) Page 302.140

(G) Verification of Information

The worker shall require verification of the applicable eligibility factors for which verification is currently required. See Section 302.300: Verification and Section 302.310: Responsibility for Verification.

The worker shall also inform the applicant of the required verification(s) by a written notice on a form prescribed by the Department. The notice shall include a list of common forms of documentation that may be submitted to satisfy the verification requirement and a statement advising the applicant of the availability of worker assistance. The form should be given to the applicant immediately but in any case must be received by him or her within seven (7) calendar days of the date of application.

302.135: Responsibility for Eligibility Determination

Individuals and families shall make application at the local office serving the community in which they currently reside.

If the applicant subsequently moves to an area covered by another office before a determination of eligibility is made, the original office shall retain responsibility for completing the application process. The new office shall cooperate with the original office and shall assist the applicant when necessary. If the applicant is determined eligible, the case shall be established and transferred to the original office within ten (10) calendar days of the eligibility determination to the new office.

302.140: Concluding the Application Process

The application process shall be concluded by an approval or denial of assistance unless the applicant voluntarily withdraws his or her application.

The approval or denial must be fully supported by the facts recorded in the case record.

Immediately upon the determination, adequate notice (see 302.500: Notification of Proposed Action) shall be sent to the applicant, or next of kin, if appropriate.

(A) Eligibility

If the applicant is determined to be eligible, (s)he shall be notified in writing of the approval. The notice to the applicant shall include the effective date of eligibility; the amount of assistance authorized; the calculations used in the income determination; and an explanation of the right to appeal.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Chapter 302

Rev. 3/86

(2 of 2) Page 302.140

(B) Ineligibility

If the applicant or any other family member(s) for whom assistance is requested, is determined to be ineligible, the applicant shall be notified in writing of the denial.

If the worker is unable to complete the application process solely because of the lack of verification(s) required to make a determination of eligibility, assistance shall also be denied. If the applicant subsequently submits the required verification(s) within thirty (30) calendar days of the date of the denial notice, the worker shall make a second determination of eligibility. The determination shall be based on information submitted during the period beginning with the date of application and extending up to thirty (30) calendar days following the date of the denial notice. If the verification(s) demonstrate that the applicant was eligible for all or any part of this time period, the date assistance begins shall be established in accordance with Section 302.150: Date Assistance Begins.

The written notice of denial shall include the reason(s) for the denial; the specific regulations supporting the denial; and an explanation of the right to appeal. If eligibility is denied because the assistance unit's income exceeds financial eligibility standards, the notice shall also include the calculations used in the income determination. If the adverse action is the result of the lack of verifications required to make a determination of eligibility, the written notice shall contain a statement informing the applicant of the missing verification and a statement informing the applicant that a second eligibility determination will be made based on the date of application, if all required verifications are submitted within thirty (30) calendar days of the date of the denial notice.

If the applicant appeals a denial in which the sole issue is the lack of verification and if the applicant subsequently provides the required verifications during the appeal process, an adjustment may be made in accordance with Subsection 343.350(B)(1) of the Fair Hearing Regulations.

(C) Voluntary Withdrawal

The applicant may voluntarily withdraw his/her application at any time. The request must be made in writing and must be confirmed by a notice sent to the applicant and recorded in the case record.

(D) Death

If the worker is advised of the death of the applicant, assistance is denied. Verification of the death consists of contact with the funeral director or an appropriate third person, or a newspaper obituary or other media communication.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

In cases of death, the worker must send a letter to the personal representative of the estate advising that assistance is being denied, and stating the reason. The worker shall also send a letter to the next of kin, if known, advising that an application for public assistance on behalf of the child(ren) had been made and is being denied.

(E) Unable to Locate

If the worker is unable to locate the applicant after reasonable attempts, assistance must be denied. The worker shall notify the applicant by mail at the given address of these efforts and allow a reasonable time for response. If no response is received or if mail is returned by the Postal Service as undeliverable with no forwarding address, assistance is denied.

302.150: Date Assistance Begins

Assistance to eligible applicants begins on the date of application provided the submitted verifications demonstrate that the applicable categorical and financial eligibility factors have been met as of that date. The date of application is the date on which the full application form was signed and dated, or the date on which the first part of the application form was signed and dated and the case was logged in Department records, whichever is earlier.

If the verifications submitted during the application process, as well as those submitted within the time frames of subsection 302.140(B), do not establish eligibility on the date of application, assistance begins on the date on which the verifications demonstrated that the eligibility requirements in Chapters 303 and 304 have been met by the applicant, provided this date does not precede the date of application.

302.160: Time Standards for Applications

(A) Completed Verifications

For those applicants who provide all required verifications within twenty-two (22) calendar days of the date of application, the determination of eligibility shall be completed so that the first check or notice of denial is mailed within thirty (30) calendar days of the date of application.

(B) Extensions

Applicants who have not submitted verifications by the 22nd calendar day from the date of application shall receive an eight (8) calendar day extension to obtain and submit the required verifications. At the time the eight (8) day extension is granted, the worker shall send the applicant a list of all outstanding eligibility factors to be verified and the alternative verifications allowed for those eligibility factors. The worker shall advise the applicant that assistance is available to obtain such verification. An additional fifteen (15) calendar day extension may be granted to applicants who make a written request for such an extension and who have a reasonable explanation for not having submitted all verifications. The applicant's written request for an extension must be received by the office by the 30th day following the date of application. Reasonable explanations for ~~missing~~ an extension include but are not limited to the following:

- (1) the verification is dependent on a third party and the applicant has taken all necessary steps on his or her part to obtain it;
- (2) demonstrated serious illness or incapacity of the applicant or other family member has delayed provision of the required verifications.

The worker shall make a determination of eligibility so that a check or notice of denial is mailed within eight (8) calendar days of the receipt of all verifications.

If by the last day of the initial eight (8) day extension period the applicant fails to either submit all verifications or request an additional extension, the worker shall deny the application for lack of verification(s) required to make a determination of eligibility.

If an additional extension is requested and granted and by the final day of the fifteen (15) day extension period the applicant fails to submit all verifications, the worker shall deny the application for lack of verification(s) required to make a determination of eligibility.

If the applicant subsequently submits all required verifications within thirty (30) calendar days of the date of the denial notice and if the sole reason for the denial was the lack of verification(s) required to make a determination of eligibility, the worker shall make a second eligibility determination based on the date of application so that a check or notice of denial is mailed within eight (8) calendar days of the receipt of all verifications.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Rev. 11/85

302.170: Reapplication

An individual whose application for AFDC has been denied has the right, and must be afforded the opportunity, to reapply for AFDC without delay in accordance with Sections 302.100 through 302.160.

If the worker was unable to make a determination of eligibility solely because required verifications were not provided, and if the applicant subsequently submits all required verifications within thirty (30) calendar days of the date of the denial notice, the applicant shall not be required to submit another application. The worker shall make a second determination of eligibility based on the information submitted during the initial application process and during the thirty (30) calendar days subsequent to the denial notice. If the verifications demonstrate that the applicant was eligible for all or any part of this time period, the date assistance begins shall be determined in accordance with Section 302.150: Date Assistance Begins.

If a reapplication is submitted, it shall be associated with the original application and the applicant shall not be required to resubmit any verifications that are in the case record and that are not subject to change.

302.180: Meeting Application Time Standards

- (A) If an applicant submits all required verifications, and an initial check or notice of denial is mailed within thirty (30) calendar days of the date of application, the Department shall be considered to have met its application time standards.
- (B) If an applicant was informed orally within 24 hours of the date of application of general verification requirements and in writing within seven (7) calendar days of the date of application of specific verification requirements (see Subsections 302.110(D) and 302.130(G)) the Department shall be considered to have met its application time standards if:

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Chapter 302

Rev. 7/86

Page 302.180

- (1) The applicant submits all required verifications within twenty-two (22) calendar days of the date of application and an initial check or notice of denial is mailed within thirty (30) calendar days of the date of application; or
 - (2) The applicant is granted an extension under Section 302.160 and an initial check or notice of denial is mailed within eight (8) calendar days of the receipt of all verifications.
- (C) If an applicant was informed orally within twenty-four (24) hours of the date of application of general verification requirements (see Subsection 302.110(D)), but due to the applicant's failure to keep a scheduled appointment (see Subsection 302.110(D)(4)) was not informed in writing within seven (7) calendar days of the date of application of specific verification requirements (see Subsection 302.130(G)) the Department shall be considered to have met its time standards if:
- (1) The applicant is provided with a written notice of the specific verification requirements at the time of the intake interview; and
 - (2) An initial check or notice of denial is mailed within eight (8) calendar days of receipt of all verifications.
- (D) If an applicant submits all required verifications within thirty (30) calendar days of the date of the notice of denial for lack of verification(s) required to make a determination of eligibility, (see Subsection 302.160(B)), the Department shall pay the applicant determined to be eligible all amounts for which (s)he would have been eligible. If the verifications demonstrate that the applicant was eligible for all or any part of this time period, the date assistance begins is established in accordance with Section 302.150: Date Assistance Begins. The Department shall be considered to have met its application time standards if an initial check or notice of denial is sent within eight (8) calendar days of the receipt of all verifications.

AID TO FAMILIES WITH DEPENDENT CHILDREN
-THE ELIGIBILITY PROCESS302.200: Redeterminations

A redetermination is a periodic review of a recipient's circumstances in relation to the eligibility requirements of the AFDC Program. A redetermination is necessary to establish that a recipient remains eligible to receive assistance. The focus of the redetermination process is on those factors of eligibility that are potentially subject to change.

302.210: Frequency of Redeterminations

A recipient's eligibility shall be redetermined at least once every six months, except for grantee-ineligible cases where the ineligible grantee is someone other than the natural or adoptive parent(s) of a dependent child. In these cases, eligibility shall be redetermined at least once every 12 months. A recipient's eligibility may be redetermined more frequently if the Department obtains information indicating a change in circumstances and needs more information to determine the exact effects of the change on eligibility or the grant amount.

302.220: The Redetermination Interview

A face-to-face interview is required at each redetermination. As determined by the Department, this interview may take place in the home or at the local office.

One purpose of the interview is to obtain information for an accurate and complete redetermination of current eligibility.

A second purpose of the redetermination interview is to provide a method for identifying situations in which a question of fraud in the program exists.

The worker may not question the recipient about any past circumstances, which are the object of an ongoing investigation by the BSI.

302.230: Redetermination Activities(A) Form

A Department-prescribed form must be completed for the redetermination of eligibility for Aid to Families with Dependent Children.

(B) Verification

Verification of eligibility factors not previously verified, or reverification of factors subject to change, shall be required. Factors subject to change include, but are not limited to, income, assets, ET exemption status, school attendance, health-insurance coverage, incapacity, and the continued nature of a parent's absence.

(C) AFDC-Related Benefits; Development of Other Benefits

The worker shall make any necessary referrals or arrangements for AFDC-related services or benefits, and inquire about any non-AFDC benefits which may have become available to the recipient.

302.240: Concluding the Redetermination Process

Each redetermination of eligibility shall be concluded by a finding of continued eligibility and of the proper amount of the grant, or by a finding of ineligibility. If the worker is unable to complete the redetermination because the recipient has died or cannot be located, assistance shall be terminated upon notification of death or after allowing reasonable time for recipient response to worker notification. (See Section 302.140: Concluding the Application Process.)

Assistance shall be terminated upon proper notification where the worker is unable to complete the redetermination due to 1) lack of verification(s) required to determine eligibility, or 2) lack of response to the redetermination notice. Where termination has occurred solely as the result of 1) or 2), and the recipient subsequently submits the required verification(s) or completes the redetermination within thirty (30) calendar days of the termination date, the worker shall determine eligibility based upon information submitted during the redetermination process and within the thirty (30) calendar day period following the termination date.

If the recipient is determined to be eligible, assistance shall be authorized retroactive to the date of termination if the verifications demonstrate continuous eligibility, or retroactive to the date on which all eligibility factors were met, whichever is later.

The recipient shall be notified of any proposed action that results from the redetermination in accordance with Section 302.500:
Notification of Proposed Action.

If the recipient requests an appeal of a reduction/termination of benefits in which the sole issue is the lack of verifications and if the recipient subsequently provides the required verifications during the appeal process, the Department shall take action in accordance with subsection 343.350(B) of the Fair Hearing Regulations.

The redetermination of eligibility must be fully supported by the facts recorded in the case record.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Chapter 302

Rev. 11/85

Page 302.300

302.300: Verification

Verification is the validation of oral or written statements by means of documentation, third party contacts, and self-declarations by the applicant/recipient in accordance with Section 302.340. Verification must be provided during the eligibility or redetermination process or at the time of changes affecting eligibility (see Section 302.330: Frequency of Verification). All documentation, as well as information obtained through third party contacts, shall be made part of the case record.

The following eligibility factors must always be verified in accordance with the frequency required by Section 302.330. Verifications that exist in another case record shall be used to verify those factors that are not subject to reverification.

- (A) age;
- (B) relationship;
- (C) death;
- (D) continued absence;
- (E) incapacity;
- (F) ET registration or exemption;
- (G) alienage;
- (H) application for a social security number;
- (I) income; and
- (J) assets.

The Department shall require verification of factors not listed above when the information available to the Department is contradictory, inconsistent or incomplete, or the Department determines that verification is necessary to ensure efficient administration of the AFDC Program.

When verification is required, only the documentation specified in the relevant sections of this manual is acceptable unless unavailable in accordance with Section 302.311. Alternative methods of verification for unavailable documents shall be accepted in accordance with Section 302.340. If none of the verifications listed in these regulations adequately resolves an eligibility issue, the worker may require verification from other sources.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS302.310: Responsibility for Verification

To establish eligibility for AFDC, the applicant/recipient must meet categorical and financial eligibility requirements. The applicant/ recipient must submit the verifications required by AFDC policy to demonstrate that (s)he meets these eligibility factors.

(A) The applicant or recipient is responsible for the following:

- . obtaining the required verification(s);
- . contacting the worker if there is a delay or difficulty in obtaining the verification(s);
- . cooperating with the worker to obtain the verification(s) when worker assistance is requested; and
- . signing collateral consent forms, if necessary.

(B) The worker is responsible for the following:

- . identifying the eligibility factors that must be verified;
- . identifying and providing written notice of the specific documents and the alternative documents, if applicable, that must be submitted to verify the eligibility factors;
- . advising the applicant/recipient of the consequence of failure to provide verification(s);
- . explaining the reason verifications are needed when requested and offering suggestions of where and how to obtain the verification(s); and
- . assisting in obtaining required verification(s) when the worker is aware that the applicant/recipient is unable to obtain the verification(s) for reasons beyond his or her control.

If the required documentation is not submitted and the worker is unable to obtain such verification or to determine if the AFDC eligibility factors have been met, assistance for the affected household member(s) must be denied/terminated/reduced.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Chapter 302

Rev. 11/85

Page 302.311

302.311: Responsibility for Verifying Continued Eligibility

The recipient is responsible for providing verification of those eligibility factors that have not previously been verified as well as those that are subject to change in accordance with Section 302.330. The recipient is responsible for cooperating with the worker in obtaining verification(s) of continued AFDC eligibility, or, for providing an acceptable reason for the unavailability of the verification(s) within ten (10) calendar days of the worker's request.

The following are acceptable reasons for unavailability:

- (A) the verification is dependent on a third party and the recipient has taken all necessary steps on his/her part to obtain it;
- (B) illness or incapacity of the recipient or other family member has delayed provision of the required verification(s);
- (C) the recipient was not adequately informed of his/her responsibility to provide the required verification(s);
- (D) the recipient was not informed of the specific documents, including alternative verification(s), required to verify the eligibility factor; or
- (E) other circumstances beyond the control of the recipient prevented him/her from obtaining the verification(s).

If one of the above situations applies, the recipient shall be informed of alternative verification methods, including self-declaration, in accordance with Section 302.340 and allowed an additional ten (10) calendar days to meet his/her verification responsibility. The worker shall also offer assistance in obtaining any requested documents and/or shall use collateral contact as a means of verification in accordance with Subsection 302.340(C).

If the benefits of any member of the assistance unit are terminated or reduced due to the lack of verification(s) needed to make a determination of eligibility, the recipient must be sent a written notice of adverse action. (See Section 302.500: Notification of Proposed Action.) The written notice must contain a statement informing the recipient that a second eligibility determination will be made if the absent verifications and any verifications required by changes in circumstances that have occurred in the interim are submitted in the thirty (30) calendar days following the termination/reduction date. If the recipient is subsequently determined eligible, assistance is authorized retroactive to the date of termination/reduction provided the verification(s) demonstrate continuous eligibility or retroactive to the date all eligibility factors are met, whichever is later.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Rev. 1/87

302.320: Information from Government Sources and Banks

The applicant or recipient must be informed that the Department will regularly request information from other sources for purposes of verifying eligibility. These include banks and other financial institutions, the Division of Employment Security, the Registry of Motor Vehicles, the Bureau of Vital Statistics, Veterans' Services, the Department of Revenue, the Bureau of Special Investigations, the Internal Revenue Service, the Social Security Administration and other programs administered by the Department of Public Welfare.

The Department need not obtain the prior approval of the applicant or recipient to acquire and use information from banks or government sources to verify eligibility.

302.330: Frequency of Verification

Some information, because it is not subject to change, need only be verified once unless at a later date questions are raised about the current validity of the verification or unless the Department has reason to believe that a change has or may have occurred for which reverification is required. Such information includes, but is not limited to, the following: age; alienage; application for potential benefits; application for an SSN; cooperation with CSEU for each dependent child unless good cause has been determined; death; identity; paternity; pregnancy; principal earner status and work history; relationship; and windfall/lump sum payments.

Information that is subject to frequent change must be reverified at redetermination, at times of reported changes, or whenever the Department receives information that a change has or may have occurred that affects continued eligibility. Such factors include, but are not limited to, bank deposits; cash on hand; the continued nature of a parent's absence; ET exemption status; health insurance coverage; incapacity; income; IRA's, Keogh's and pension plans; school attendance; securities; unemployment and underemployment; and work-related expenses, i.e., dependent care.

Other factors are subject only to occasional change and therefore need only be reverified at the time of a reported change or whenever the Department has reason to believe that a change has or may have occurred for which verification is required. Such information includes, but is not limited to, the fair market and equity value of real estate and vehicles; living arrangement; the reason for a parent's continued absence; temporary absence; residence; joint ownership of assets; and inaccessibility of assets.

Chapters 303, 304, and 307 contain information regarding specific eligibility factors (including those not mentioned in this section); the acceptable verification of those eligibility factors; and the frequency with which they must be verified.

The provisions of this section shall not apply whenever verification of an eligibility factor is required because the originally submitted documentation is missing or has been destroyed.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS302.340: Methods of Verification

The acceptable sources of verification are detailed in the sections of these regulations where the eligibility requirement is stated. The method of verification differs depending upon the nature of the information.

If one method of verification is preferred to another, the preferred method is stated.

Methods of verification include original documents, collateral contacts, self-declarations, and worker observation.

(A) Original Documents

When the verification is an original document, a photocopy of the document must be made, if possible.

If circumstances prevent the photocopying of a document and a copy is not available, the worker shall record in the case record the date and source of the document, a summary of its contents and the date the summary was made. The applicant or recipient shall be permitted to keep the original document.

(B) Collateral Contact

Collateral contact is verbal or written confirmation of a household's circumstances by a third party, and it may be used to verify certain types of information. The worker shall obtain written consent from the applicant or recipient for each contact, except as specified in Section 302.320: Information from Government Sources and Banks. If the applicant or recipient refuses to allow the Department to verify information by contacting a third party, assistance shall be denied, terminated, or reduced unless the applicant/recipient provides alternative verification.

Statements from third parties may be accepted in person, through the mail, and over the phone.

The worker shall evaluate the acceptability of the statement as verification of the particular information.

The worker shall record the date on which the statement was made, the relevant information, the identification and position of the person making the statement, and a means of contacting that person in the future should it become necessary to support the applicant's or recipient's right of rebuttal at a hearing, if requested.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 11/85

Page 302.400

(C) Self-Declarations

A self-declaration is a written statement of fact that may be given by the applicant/recipient or by a third party who has first-hand knowledge of the circumstances of the applicant/recipient.

A self-declaration may be accepted as verification of the following eligibility factors when the applicant/recipient and the worker have taken all necessary steps to obtain through collateral contact the documentary evidence required by Chapters 303 and 304 and the original document is not available: the continued nature of and reason for a parent's absence, cash on hand, ownership of bank deposits, inaccessibility of joint bank accounts and securities, unemployment of the principal earner, age, relationship, alien status, Canadian-born Indian status, good cause for failure to cooperate with the Child Support Enforcement Unit, good cause for refusing a bona fide offer of employment or training, employment, paternity (signature on the A-35 form), temporary absence, and health insurance coverage.

The self-declaration shall be filed in the case record.

(D) Worker Observation

Some information may be verified by worker observation in the home of the applicant or recipient.

302.400: Case Maintenance

Case maintenance consists of action necessary to issue payments, adjust the grant amount, change an address, update the Department's computerized files, implement regulatory or procedural changes, and document any action taken and the reasons for such action in the case record. The time standards for case maintenance actions are set forth in Section 301.530: Table of Time Standards.

302.410: Documentation in the Case Record

The case record is the permanent collection, in written form, of the information necessary for determining eligibility and providing benefits and referrals for services.

All decisions regarding eligibility and case actions must be based on information documented in the case record.

Information in the case record is protected by provisions of confidentiality. See Section 301.320: Right to Confidentiality. The applicant or recipient has access to information in the case record in accordance with the right to information. See Section 301.330: Right to Information.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS302.500: Notification of Proposed Action

The applicant or recipient must be provided with written notice of any action proposed by the Department that would affect his or her claim to an assistance grant, Food Stamps, Medical Assistance, or other benefits.

Such notice must include a statement of the proposed action, including the amount of financial assistance; the reasons for the proposed action; citation to the regulations supporting the action; and an explanation of the recipient's right to request a fair hearing. Time standards for notification are set forth in 106 CMR 343.140: Time Limits and 343.210: Timely Notice Exceptions.

302.600: Appeals

Information regarding the appeal process, the applicant's or recipient's right to request a fair hearing, and the time standards governing appeal procedures are found in 106 CMR 343.000 et. seq., Fair Hearing Rules.

302.610: Continued Assistance Pending Appeal Decision

Assistance may not be reduced or terminated unless waived by the recipient until a decision is rendered after a hearing, provided the recipient requested the hearing within the time limits set forth in 106 CMR 343.000 et. seq., Fair Hearing Rules, and none of the situations set forth in 106 CMR 343.250 (B) and (C): Continuation of Benefits Pending Appeal pertains.

Assistance paid pending the appeal is subject to recoupment if the Department's action is upheld.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESSChapter 302
Page 302.700

Rev. 10/86

302.700: Development of Other Benefits

An applicant/recipient of AFDC who may be eligible to receive other benefits, such as Unemployment Compensation, Social Security, Railroad Retirement, or Worker's Compensation, on his or her behalf or through an absent parent must apply for these benefits as a condition of eligibility. The exception to this shall be an applicant/recipient for whom good cause for refusing to cooperate in determining paternity or obtaining child support payments has been found in accordance with Sections 303.730 through 303.735.

If such benefits are available at the time of application, the applicant must apply for them at that time. Assistance may be provided until actual benefits are received, at which time eligibility will be redetermined.

If these or other benefits become available during receipt of assistance, the recipient must apply for such benefits to remain eligible for AFDC. Eligibility will be redetermined when the benefit is actually received.

An applicant or recipient potentially eligible for either Supplemental Security Income (SSI) or non-Federal Veterans' Services benefits under Mass. General Laws, Chapter 115, is exempt from this requirement.

302.710: SSI Benefits

Individuals who are eligible for both SSI and AFDC benefits may elect to participate in either program, but may not participate in both. The AFDC Worker must advise such individuals of their option to apply for either program.

In determining how much of an AFDC grant is countable as income to an AFDC recipient who is applying for SSI, the following rules apply:

- (A) If no income is being deducted from the AFDC grant, the countable income to the SSI applicant is the incremental standard of payment (see Section 304.420: Payment Standards).
- (B) If income is being deducted from the AFDC grant, and some or all of that income is the personal income of the SSI applicant, the countable income to the SSI applicant is the incremental need standard minus the SSI applicant's personal income (see Section 304.410: Needs Standards).
- (C) If income is being deducted from the AFDC grant, and none of that income is the personal income of the SSI applicant, the countable income to the SSI applicant is the AFDC grant divided by the number of people in the assistance unit.

302.720: Veterans' Services Benefits

Individuals may be eligible for both non-Federal Veterans' Services benefits under Mass. General Laws, Chapter 115 and AFDC benefits. They may elect to participate in either program, but may not participate in both. The AFDC worker must advise such individuals of their option to apply for either program.

302.800: Assignments for Third Party Recoveries

Benefits may be provided under the AFDC, Medical Assistance, or Emergency Assistance programs as a result of an accident, injury, or illness. When payment is expected to be provided by liability insurance, Workman's Compensation, or other source, the Department requires an assignment which conveys and transfers to the Department the right to recover an amount equal to the benefits provided as a result of said accident, injury, or illness. This assignment is required as a condition of initial and continuing eligibility at application, redetermination, or at any time that the information becomes known to the Department.

The applicant or recipient is required to notify the Department, in writing, when a claim for compensation or recovery has begun, and of any settlement negotiations before they become final. A claim includes, but is not limited to:

- (1) a court action or other proceeding;
- (2) notification to the applicant's or recipient's own insurance company; and/or
- (3) notification to any third party that may be liable.

It is the responsibility of the applicant or recipient to provide the details of a claim for any member of the assistance unit. The information required includes, but is not limited to, the following:

- (1) name and address of the applicant or recipient;
- (2) date and place of the accident, injury, or illness;
- (3) type of case (i.e., industrial accident, automobile, etc.);
- (4) explanation of the circumstances surrounding the accident, injury, or illness and the status of the case;

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESSChapter 302
Page 302.800

Rev. 11/84

- (5) name and address of the applicant's or recipient's attorney;
- (6) name and address of all insurance companies involved including Personal Injury Protection (PIP) carriers, and the name of the insured individual;
- (7) a copy of the applicant's or recipient's automobile insurance Coverage Selection Page (if involved in an automobile accident);
- (8) a copy of any other type of insurance that the applicant or recipient owns that may be applicable.
- (9) a copy of any complaints and/or other legal documents filed by the applicant or recipient or on his or her behalf or on behalf of any member(s) of the assistance unit; and
- (10) a copy of the police report (if applicable).

Upon any partial or final settlement of the case, the applicant or recipient who signed the original assignment or his or her attorney or authorized representative (if the recipient has one) is required to provide the Department with information on the amount of the settlement and the details surrounding it.

Failure to comply with any of these provisions is grounds for denial, closing, and/or referral to the Bureau of Special Investigations.

FAW's may not compute the amount of a lien, but must make a referral to the Assignment Collection Unit, which is the only authorized agent for computing the amount of a lien.

Trans. by S.L.818

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESSChapter 302
Page 302.900

Rev. 12/87

302.900: Monthly Reporting and Retrospective Budgeting Overview (MRRB)

The Monthly Reporting system requires certain filing units (302.930) to report every month on the income and financial status of the filing unit during a prior month.

Retrospective budgeting applies only to filing units subject to Monthly Reporting. The grant is determined through the use of income and circumstances in an earlier month.

An assistance unit's benefits are determined prospectively for the first two cyclical months, and retrospectively thereafter with the exceptions noted in Section 302.930(A).

302.910: Definitions(A) Budget Month

The Budget Month is the first of the three cyclical months in retrospective budgeting, made up of those Sunday-to-Saturday weeks whose Saturdays fall in the cyclical month prior to the household's Report Month. Filing units that are subject to Monthly Reporting must report income received in the Budget Month by completing a Monthly Report and based upon the income received in this Budget Month a grant is paid or assistance is terminated for the corresponding Payment Month.

(B) Cyclical Month

The period of payment, that is based on the last digit of a grantee's social security number.

(C) Department's Effective Termination Date (DETD)

The actual date on which the case action to terminate (or divert) is made effective.

(D) Earned Income Case

A filing unit that currently has countable earned income.

(E) Initial Retrospective Report Month (IRRM)

The cyclical month in which the filing unit receives its first Monthly Report.

(F) Payment Month

The Payment Month is the third of the three cyclical months in retrospective budgeting. The Payment Month is the cyclical month in which benefits are received or are terminated/suspended based upon the income received in the corresponding Budget Month. The Payment Month immediately follows the Report Month.

(G) Prospective Budgeting

A budgeting method whereby eligibility and grant amount are based on the filing unit's projected income and assets in the month of application and the cyclical month immediately following the month in which eligibility is determined. Prospective budgeting is also used for filing units exempt from Monthly Reporting. See Section 302.930(A).

(H) Report Month

The Report Month is the second of the three cyclical months in retrospective budgeting. The Report Month is the cyclical month in which the filing unit receives a Monthly Report and during which the report must be completed and submitted. The Report Month immediately follows the Budget Month.

(I) Retrospective Budgeting

A budgeting method whereby the grant amount is based on the filing unit's actual income and family circumstances in an earlier month. Retrospective budgeting is only used for filing units that are subject to Monthly Reporting.

(J) Suspended Assistance

The Department may suspend, rather than terminate, assistance for one month for assistance units that are subject to Monthly Reporting and who become ineligible for only one month due to a regular and periodic extra paycheck from a recurring income source.

302.920: Initial Determination of Eligibility and Grant Amount

- (A) The Department shall establish initial eligibility prospectively based on its best estimate of income and circumstances that will exist in the first cyclical month and the cyclical month immediately following.
- (B) After the first two cyclical months in which benefits have been paid, the grant amount shall be determined retrospectively based on the actual income and family circumstances received in the corresponding Budget Month for filing units that are subject to Monthly Reporting. Filing units that are not subject to Monthly Reporting continue to have the grant amount determined prospectively. See Section 302.930(A).
- (C) In the case of an addition to an existing filing unit that is subject to Monthly Reporting, that additional individual's needs shall be determined prospectively and then added to the existing grant, until such time as that individual's eligibility information is included on the Monthly Report. The individual's need shall be determined from the date of application (or in the case of a newborn baby, from the date of birth) if assistance is requested prior to the Department's Effective Termination Date (DETD) for the Monthly Report corresponding to the cycle in which he was born. See Section 302.950(C)(1).

302.930: Monthly Reporting and Retrospective Budgeting

Monthly Reporting and retrospective budgeting requirements shall apply to those filing units whose members have earned income or a recent history of earned income and to filing units that have income deemed from individuals with earned income or a recent history of earned income who live with the unit. Cases with a recent history of earned income are those cases with earnings received during the preceding two months for new and ongoing cases. All categorical, financial, and related criteria not specifically addressed by Section 302.900 et seq. shall remain in effect.

Except as provided in (A) below, all filing units subject to Monthly Reporting and retrospective budgeting (as determined by the Department) shall submit a completed Monthly Report.

(A) Exemptions

- (1) Filing units are exempt from Monthly Reporting and retrospective budgeting if their only income (including income deemed from an individual living with the unit) is one or more of the following:

- (a) from public assistance;
- (b) unearned;
- (c) from self-employment; and/or
- (d) from a dependent child who is: (i) a full-time student; (ii) a part-time student, not employed full-time; or (iii) regardless of student status, employed in a Job Training Partnership Act (JTPA) program; and

they do not have a recent history of earned income, or such a recent history is only from income which would exempt the filing unit under this subsection.

- (2) Recipients of RRP/Non-AFDC (Section 328.200) are exempt from Monthly Reporting and retrospective budgeting for their first six months in the United States regardless of type of income.

(B) Redetermination

Redetermination shall occur in accordance with Sections 302.200, 302.210, 302.220, 302.230, and 302.240.

(C) Information Required on the Monthly Report

- (1) Information required includes, but is not limited to:
- a. the Budget Month information of the filing unit regarding income, family composition, and other circumstances relevant to eligibility and the amount of assistance;

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

- b. any changes in assets, or other relevant circumstances affecting continued eligibility, that the filing unit expects to occur in the current month or future months;
 - c. stepparent's income when appropriate; and
 - d. the income of the parent(s) of a minor parent(s) in accordance with 106 CMR 304.236, when appropriate.
- (2) Verifications that are required by the Monthly Report must be included and filed with the Monthly Report. Verifications may include but are not limited to:
- a. Paystubs from wages or salary received in all income cases;
 - b. Copies of other benefit checks or awards; and
 - c. Proof of changes in circumstances.

302.940: Determination of Continued Eligibility and Grant Amount

- (A) Eligibility is determined prospectively. In order to determine eligibility the Monthly Report must be returned to the Department within 20 days from its initial mailing and requirements must be fulfilled.

If eligibility is terminated, the Department shall notify the grantee-relative of the action, the reasons for and the specific regulations supporting such action, and an explanation of his or her right to request a hearing. This notice must be mailed so as to arrive no later than the resulting payment or in lieu of such payment.

- (B) Grant amount is determined prospectively or retrospectively in accordance with 106 CMR 302.920, 302.930, 302.940, 302.950 and 302.960. If the grant amount is adjusted, the Department shall notify the grantee-relative of the action, the reasons for and the specific regulations supporting such action, and an explanation of his or her right to request a hearing. This notice must be mailed so as to arrive no later than the resulting payment or in lieu of such payment.
- (C) All income received in the Budget Month shall be considered in determining the Payment Month grant amount.

Rev. 12/87

302.950: Inadequate or Incomplete Monthly Report

(A) The Monthly Report is considered Inadequate:

- (1) when the report is not signed by the grantee-relative;
- (2) when the grantee-relative fails to provide necessary verifications for other than the earned income section;
- (3) when the grantee-relative fails to answer any question regarding the status of any currently eligible dependent that appears on the Monthly Report;
- (4) when the grantee-relative fails to answer any question regarding unearned income or current assets that appear on the Monthly Report;
- (5) when, for any other reason, the report cannot be processed.

(B) Incomplete or Missing Monthly Report

A Monthly Report is considered incomplete if the grantee-relative has not filed the Monthly Report or has not provided all the information and verifications required by the earned income section, and Good Cause (in accordance with Section 302.970) is not determined to exist.

A Monthly Report is considered missing if it is not returned to the Department within the first 10 days from its initial mailing, and Good Cause (in accordance with Section 302.970) is not determined to exist.

(C) Consequences of Incomplete, Inadequate or Missing Monthly Report

- (1) A Monthly Report shall be considered filed on time if it is not inadequate or incomplete and is received by the Department by the DETD. A missing Monthly Report shall result in the Department issuing an additional Monthly Report to the recipient. This Monthly Report shall state that benefits will not be issued if the missing Monthly Report is not received within an additional 10-day period, unless Good Cause (in accordance with Section 302.970) is determined to exist.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

- (2) If the recipient files a completed Monthly Report within the twenty (20) day period outlined above, the Department shall process the Monthly Report and make a payment based on the information contained therein. If, based on the information in the Monthly Report the recipient is found ineligible, or eligible for an amount different than the prior payment, the Department shall send adequate notice (as defined in Sections 343.200) to the recipient informing him or her of the change, and of his or her right to a fair hearing in accordance with 106 CMR 343 - Fair Hearing Rules, et seq. Timely notice requirements of Section 343.140 shall not apply.
- (3) If the recipient does not file a completed Monthly Report within the twenty (20) day period, a notice of adverse action will be issued. If the Monthly Report is returned after the twenty (20) day period, and before the DETD, the Monthly Report shall be processed without penalty.
- (4) If the Monthly Report is not received by the DETD, the recipient must comply with reinstatement requirements in accordance with Section 302.960 in order to obtain benefits.
- (5) If the Monthly Report remains inadequate (or if the IRRM Monthly Report remains missing or incomplete) the next scheduled payment shall be diverted. The recipient shall be notified that (s)he must report to the local office to complete and file that Monthly Report and a current Monthly Report in order to receive the diverted payment. If the check was diverted due to the IRRM Monthly Report, the recipient shall be informed that future missing or incomplete Monthly Reports will result in termination, unless Good Cause (in accordance with Section 302.970) is determined to exist.

302.960: Reinstatement

Eligibility for a recipient requesting reinstatement or delivery of assistance shall be determined prospectively in all instances.

Benefits shall be determined in accordance with (A) and (B) below.

- (A) If a recipient's benefits are diverted due to an inadequate Monthly Report, benefits shall be determined:

- (1) retrospectively from information on the completed version of the inadequate Monthly Report, provided a current report is filed within thirty (30) days from the date the check was diverted. Benefits shall be effective as of the date the check was diverted; or

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESSChapter 302
Page 302.970

v. 9/88

- (2) prospectively in accordance with Section 302.920 once the check has been diverted for more than 30 days.
- (B) If a recipient is terminated due to an incomplete or missing Monthly Report, benefits shall be determined:
- (1) retrospectively, without earned income disregards (\$30 and one-third, work-related expenses and child care) unless Good Cause (in accordance with Section 302.970) is determined to exist. Reinstatement may only occur after a recipient files a completed version of the incomplete Monthly Report which resulted in his or her termination, plus a current Monthly Report.
- If both reports are filed within 30 days of the date the case was closed, the case shall be reinstated effective the first day of the Payment Month.
- (2) retrospectively, without earned income penalties if Good Cause (in accordance with Section 302.970) is determined to exist. Benefits shall be effective as of the date the case was closed.
- (3) prospectively, in accordance with Section 302.920 once the check has been diverted for more than 30 days.

302.970: Good Cause for Incomplete or Non-Filed Earned Income Section of a Monthly Report

The Department shall provide an opportunity for a recipient to assert Good Cause, in accordance with this section. Good Cause may only be determined if the following situation(s) exists:

- (A) Verification of earnings is unobtainable by fault of the employer;
- (B) On the IRRM Monthly Report the recipient did not understand the earned income section or his or her responsibilities; or
- (C) Owing to a verified emergency (as determined by the local office director or his or her designee), the recipient is unable to complete the earned income section on the Monthly Report by the DETD.
- (D) A recipient is unable to complete or file a Monthly Report because he or she has a physical or mental incapacity, unresolvable illiteracy, or monolingual limitations other than Spanish or English.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Chapter 302

Rev. 9/85

(1 of 2)

Page 302.980

302.980: Supplemental Payments

A recipient participating in Monthly Reporting who experiences a loss of income due to a reduction or termination of income received in the Budget Month shall be eligible for a Supplemental Payment for the Budget Month if the combined countable earned and unearned income and the assistance grant received in the Budget Month falls below the Need Standard for that assistance unit, provided:

(A) A recipient requests a Supplemental Payment by means of:

- (1) A visit to the local office stating a loss of one hundred dollars (\$100) or more or an anticipation of a loss of one hundred dollars or more in gross income to be received in the Budget Month (the current cyclical month) as compared to the income received two months prior to that month; or
- (2) A notation as specified by the Department on his/her Monthly Report stating a loss of any amount of gross income received in the Budget Month covered by the completed Monthly Report as compared to the income received two months prior to that month.

(B) The assistance grant received in the Budget Month and the Supplemental Payment received for the Budget Month does not exceed the Payment Standard (see Section 304.420: Table of Payment Standards).

(C) The recipient provides the necessary information for the determination of eligibility for and calculation of the Supplemental Payment as follows:

- (1) For a declaration of a loss of one hundred dollars (\$100) or more as specified in (A) (1) above, the recipient must provide:
 - (a) Verification of the income received in the Budget Month (current cyclical month) up to and including the date of request; and
 - (b) An estimate of the income, if any, to be received in the remainder of the Budget Month (current cyclical month).
- (2) For a recipient who makes the specified notation on his/her Monthly Report as specified in (A) (2) above, (s)he must provide the verification of income received in the Budget Month as specified in Subsection 302.930(C): Monthly Reporting and Retrospective Budgeting.

The Department must issue the Supplemental Payment to an eligible recipient or an adequate notice of denial to an ineligible recipient within three (3) working days of the receipt of the request and/or necessary verification(s), whichever is later.

Trans. by S.L. 738

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS

Rev. 9/85

(2 of 2)

Chapter 302

Page 302.980

If the Worker has reason to believe that a recipient intentionally misrepresented information in order to obtain several Supplemental Payments to which (s)he was not entitled to receive, a referral to the Bureau of Special Investigations shall be made in accordance with Sections 306.200 et seq.

A Supplemental Payment is noncountable income for AFDC purposes (see Section 304.250: Noncountable Income).

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTSSECTION

303.XXX

TABLE OF CONTENTS

| | |
|---------|--|
| 303.000 | Overview of Categorical Requirements |
| 303.100 | Dependent Child |
| 303.110 | Dependent Child: Pregnancy |
| 303.120 | Dependent Child: Under Age Eighteen (18) |
| 303.130 | Dependent Child: Age Eighteen (18) |
| 303.200 | Relationship and Living Arrangement |
| 303.210 | Relationship |
| 303.220 | Establishment of Paternity |
| 303.230 | Living Arrangement |
| 303.300 | Deprivation Factors |
| 303.310 | Death |
| 303.320 | Continued Absence |
| 303.330 | Physical or Mental Incapacity |
| 303.340 | Unemployment |
| 303.400 | Residence |
| 303.410 | Temporary Absence |
| 303.500 | Citizens, Aliens, and Canadian-born Indians |
| 303.510 | Citizens |
| 303.520 | Aliens |
| 303.521 | Deeming of an Alien Sponsor's Income and Assets |
| 303.530 | American Indians Born in Canada |
| 303.540 | Decision of Alien to Apply for Assistance |
| 303.550 | Disclosure of Information to INS |
| 303.600 | Social Security Number (SSN) |
| 303.700 | Cooperation with Child Support Enforcement Efforts |
| 303.710 | Assignment of Right to Support |
| 303.720 | Cooperation in Obtaining Support |
| 303.721 | Benefits of Cooperation in Obtaining Support |
| 303.730 | Establishment of Good Cause |
| 303.731 | Grounds for Good Cause |
| 303.732 | Circumstances Under Which Cooperation May Be Against the Best Interests of the Child |
| 303.733 | Investigation of Good Cause |
| 303.734 | Final Determination of Good Cause |
| 303.735 | Assistance Pending Determination of Good Cause |
| 303.736 | Periodic Review of Good Cause |
| 303.740 | Child Support Enforcement Unit Activities |
| 303.750 | Cooperation in Obtaining Third-Party Liability Coverage for Medical Services |
| 303.800 | Ineligibility of Strikers |

Rev. 12/87

303.000: Overview of Categorical Requirements

In order to receive AFDC, an applicant or recipient must meet all of the applicable eligibility requirements. These requirements are of two types: categorical and financial.

This chapter presents the categorical requirements for AFDC eligibility under the following headings:

- (A) Dependent Child, Section 303.100;
- (B) Relationship and Living Arrangement, Section 303.200;
- (C) Deprivation Factors, Section 303.300;
- (D) Residence, Section 303.400;
- (E) Citizens, Aliens, and Canadian-born Indians, Section 303.500;
- (F) Social Security Number, Section 303.600; and
- (G) Cooperation with Child Support Enforcement Efforts, Section 303.700.

303.100: Dependent Child

The primary categorical requirement is the presence of a dependent child. A dependent child is a needy child who is:

- (A) deprived of the support or care of one or both of his or her natural or adoptive parents through death, continued absence, incapacity, or unemployment; and
- (B) under the age of 18; or under the age of 19 if the child is a full-time student in grade 12 or below, in a school not beyond the secondary level or a vocational or technical training program of the equivalent level designed to lead to gainful employment, and the child is expected to graduate or complete the course of study or training before his or her 19th birthday.

303.110: Dependent Child: Pregnancy(A) Requirements

Assistance may be authorized, at any stage of pregnancy, for an otherwise eligible pregnant woman. All categorical and financial requirements of the AFDC program except for the deprivation requirements in Section 303.300 must be met.

A determination must be made as to whether a deprivation factor exists for purposes of federal financial participation. The applicant or recipient shall assist the department in making the determination of whether or not a deprivation factor exists. However, no applicant or recipient who meets all of the categorical and financial requirements of the AFDC program except for the deprivation factor shall be denied assistance or have any assistance terminated for failure to meet or inability to verify the existence of a deprivation factor.

See Section 304.235 (C) for the determination of financial eligibility for the pregnant woman.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 11/84

Page 303.120

(B) Verification

Pregnancy and the month the child is expected to be born must be verified by a statement from a competent medical authority.

303.120: Dependent Child: Under Age Eighteen (18)(A) Requirements

For a child under eighteen (18) years of age, school enrollment is not required as a condition of AFDC eligibility. A child between the ages of sixteen (16) and eighteen (18) who is not attending school, however, must be registered in the ET program, unless exempt.

(B) Verification

- (1) Age must be verified. Age is verified by a birth certificate, or a baptismal certificate. If the applicant or recipient does not have and cannot obtain a birth or baptismal certificate, age is verified by one of the following:

- a. Family Bible or genealogical records;
- b. Passport;
- c. Hospital birth record or Notification of Birth Form (NOB-1) signed by appropriate hospital official;
- d. United States Census records;
- e. Social Security (RSDI) benefit records;
- f. Immigration and Naturalization records; or
- g. Court records (e.g., adoption, separate support, adjudication of paternity).
- h. An affidavit of a third person, if the applicant or recipient has demonstrated that he or she has tried to obtain an appropriate document. See Section 302.340(R): Affidavits.

- (2) Any of the following, provided they are dated at least six (6) months prior to the date of application and provided they contain evidence of the age of the child, are also acceptable verification:

- a. School record;
- b. Insurance policies;
- c. Employment records;
- d. Newspaper records and local histories;
- e. Indian agency records;
- f. Child Welfare service records;
- g. Voluntary social service records;
- h. Church records;

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 1/90

(1 of 2) Page 303.130

- i. Head Start Program records;
- j. day care center records; or
- k. other governmental records.

303.130: Dependent Child: Age 18(A) Requirements

In order to remain eligible as a dependent child, a child who has reached his or her 18th birthday shall:

- (1) Be a full-time student in grade 12 or below in a school not beyond the secondary level or in a full-time vocational or technical training program of the equivalent level designed to lead to gainful employment; and
- (2) Be reasonably expected to graduate or complete the course of studies or training before reaching his or her 19th birthday.

Eligibility shall continue through the end of the month in which the student graduates.

(B) Student Status(1) Requirements

A child 18 years of age is a student if he or she is attending a full-time course of training or study.

(2) Definition of Full-Time

- a. In an elementary school, or equivalent program approved by the school, full-time is 25 instructional hours per week.
- b. In a trade or technical school, or equivalent program approved by the school, in a program involving shop practice, full-time is 30 clock hours per week; in a program without shop practice, full-time is 25 clock hours.
- c. In a secondary school (including special schools for the blind, deaf, or disabled), or equivalent program approved by the school, full-time is 25 clock hours per week or four carnegie units per year.
- d. In a secondary program of cooperative training or in apprenticeship training, or in an equivalent program approved by the school, full-time is 30 clock hours per week.

(3) Verification

- a. Verification of full-time student status is mandatory and is verified by one of the following:
 - i. a letter from a school authority;

- ii. a notice of grades for the current semester, provided the notice is dated within forty five (45) days of the application date or redetermination interview date; or
 - iii. any other document from the school and/or instructor.
- b. During the summer months, if the documentary evidence listed in a. above is unavailable, full-time student status is verified by one of the following:
 - i. a report card from the last semester of the previous school year; or
 - ii. a course schedule or other notice of attendance for the next school year.

If the above-listed documents are unavailable, and if the worker is unable to obtain documentation through collateral contact, the self-declaration of the student shall be sufficient evidence.

(C) Gainful Employment

(1) Requirements

A course of study is considered to prepare a student for gainful employment if the school, institution or program is accredited or approved and the course leads to a certificate or diploma.

- a. If in a primary or secondary school, the student must be in a program of supervised educational or vocational training approved by the authorities of the school district or by the Massachusetts Department of Education. The program may be part of the regular school program or one specially arranged for the individual child's educational or vocational needs.
- b. If in a vocational or technical training program, the program must be approved by the Massachusetts Department of Education.

(2) Verification

If verification is necessary, the accreditation or approval of the school, institution or program is verified by school or institution documents or other appropriate material.

(D) Date of Expected Graduation

The requirement that a dependent child who is eighteen (18) years of age can reasonably be expected to graduate or finish the course of study or training before his or her nineteenth (19th) birthday shall be verified by a statement from the appropriate school authority giving the child's expected date of graduation or completion of the course.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS303.200 Relationship and Living Arrangement

To be eligible, the dependent child must live with a relative responsible for his or her day-to-day care in a place of residence maintained as a home.

Assistance may not be denied either because of the conditions of the home or because the home is considered unsuitable.

303.210: Relationship(A) Requirements

The applicant or recipient must be related to the dependent child in one of the following ways:

- (1) A blood relative, including a mother, father, sister, brother, niece, nephew, aunt, uncle, first cousin, first cousin once removed (second or third cousins are not included under this definition), or any of these relatives of the preceding generation as denoted by prefixes of grand, great, great-great, or great-great-great-grandparents; blood relatives include those of half-blood;
- (2) A stepfather, stepmother, stepbrother, or stepsister;
- (3) A parent by legal adoption or any of the adopting parent's blood relatives as defined above, natural children, or adopted children; or
- (4) A spouse of any person named above, even if the marriage has been terminated by death or divorce.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

(B) Verification

Relationship must be verified. Relationship is verified by:

- (1) Birth certificate showing the name(s) of the parent(s); or
- (2) For school-aged children, school records showing the address of the child and the name and relationship of the relative responsible for the child.

If neither of the above is available, or for children for whom school records are not available, relationship is verified in the same manner as age. See Section 303.120(B).

Marital relationship is verified by a license or certificate of marriage.

303.220: Establishment of Paternity

(A) Requirements

Paternity is established for purposes of AFDC eligibility when the alleged father of a child:

- (1) Is legally married to the mother (or was legally married to her at the time of the conception or birth of the child);
- (2) Has entered into a common-law marriage with the mother in a state or county in which the common-law marriage is valid. Common-law marriage cannot be legally entered into in Massachusetts;
- (3) Has been found to be the father in adjudication by a court;
- (4) Has completed a legally binding agreement acknowledging paternity and his obligation to support the child and the agreement has been signed by both the father and the mother; or
- (5) Has completed a voluntary acknowledgement of paternity (Form A-35).

(B) Verification

If verification is necessary, the establishment of paternity is verified by marriage or court records or a voluntary acknowledgement of paternity, as evidenced by the applicant or recipient's signature on Form A-35.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS303.230: Living Arrangement(A) Requirements

A dependent child must be living with his or her relative (as specified in 106 CMR 303.210) in a place of residence maintained by such relative as a home. A home is the family setting maintained or in the process of being established, as evidenced by assumption and continuation of responsibility for the day-to-day care of the child by the relative with whom the child is living. The primary factors underlying the requirement of living with the relative are the child's presence in the home and the exercise by such relative of responsibility for the care and control of the child. This requirement is met if:

- (1) The child is physically present in the home and the grantee-relative exercises responsibility for the day-to-day care of the child, even if the child is under the jurisdiction of a court (for example, receiving probation services or protective supervision) or if legal custody of the child is held by a public or private agency; or
- (2) The child or relative is temporarily absent from the home, as long as the grantee-relative exercises responsibility for the care and control of the child. Absences include attendance at educational institutions or specialized schools, hospitalization, employment, visits, and similar situations of a temporary nature. Under this requirement:
 - a. A child who spends time with a second parent as a result of a shared custody agreement is not excluded from eligibility. Regardless of a shared custody arrangement, only one of the child's natural or adoptive parents may be the eligible grantee-relative for that child at any one time.
 - b. A child who is in the temporary care or custody of a public or private agency is not excluded from eligibility if the grantee-relative continues to exercise responsibility for the care and control of the child. However, only one relative may be the eligible grantee-relative for that child at any one time.
- (3) If a child ceases to be eligible under this section, the child will still be considered to be living with the grantee-relative through the end of the month.

AID TO FAMILIES WITH DEPENDENT CHILDREN
THE ELIGIBILITY PROCESS(B) Verification

- (1) If verification is necessary, living arrangement is verified by school records showing the address of the child and the name of the relative who is responsible for the child. If this information is not available, living arrangement is verified by one of the following:
 - a. Hospital or clinical records;
 - b. Public Housing Authority records;
 - c. Court support orders;
 - d. Signed physician's statement;
 - e. Juvenile court records;
 - f. Child Welfare records;
 - g. Voluntary social service agency records;
 - h. Head Start Program records;
 - i. Day Care Center records; or
 - j. Worker observation during a home visit.
- (2) Verification must be submitted by the grantee-relative when the child is absent from the home and in the care or custody of a public or private agency to document that the absence is temporary and that the grantee-relative continues to exercise responsibility for the care and control of the child. The following verifications shall be used for these purposes:
 - a. A copy of the Voluntary Agreement or Court Order; and
 - b. A copy of the service or treatment plan from the public or private agency, or a portion thereof, which describes the responsibility of the grantee-relative for the care and control of the child; and
 - c. A statement from the agency Social Worker, Case Worker, Parole Agent or grantee-relative describing the actual care and control of the child being exercised by the grantee-relative.

303.300: Deprivation Factors

As a condition of eligibility, the child must be deprived of the care or support of at least one parent through the death, continued absence, physical or mental incapacity, or unemployment of the principal earner (as defined in accordance with Section 303.340), whether or not the parents are or were married to each other.

A deprivation factor can be established only with regard to the child's natural or adoptive parent.

The presence in the home of a "substitute parent" or "man-in-the-house" or any individuals other than the parent is not an acceptable basis for a finding of ineligibility or for presuming the availability of income. Such a person may not be included in the assistance unit unless (s)he meets all applicable eligibility requirements.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 10/86

303.310: Death(A) Requirements

A child may be considered deprived of care or support on the basis of the death of either parent.

(B) Verification

Death must be verified. The preferred source of verification of death is the death certificate. If the death certificate cannot be obtained, death is verified by a signed statement from the funeral director or a newspaper death notice. If these are not available, death is verified by the following:

- (1) Veterans Administration (VA) records;
- (2) Hospital records;
- (3) Records of other medical or long-term care institutions;
- (4) Military service records;
- (5) Police records; or
- (6) Social Security Survivor's Benefits (RSDI).

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 11/85

Chapter 303
(1 of 4) Page 303.320303.320: Continued Absence(A) Requirements

- (1) The continued absence of a parent constitutes deprivation when the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care, or guidance of the child, and the known or indefinite duration of the absence prevents the parent's performance of this function. An absence is of a continued nature if it has lasted, or can be expected to last, for a period of at least twenty (20) days.
- (2) A child is also considered to be deprived of parental support by reason of continued absence when: (1) the parent has been convicted of an offense and is under sentence of the court; (2) the parent is complying with the sentence that requires unpaid public work or unpaid community service during working hours; and (3) the parent is permitted by the court to live at home while serving the sentence.
- (3) A child is considered not to be deprived of parental support by reason of continued absence if the parent's absence is occasioned solely by the performance of active duty in the uniformed services of the United States. The uniformed services are the following: Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and the Public Health Service of the United States.

If the parent who is absent due to active duty in the uniformed services was living with the family prior to the current absence, it shall be assumed that the current absence is due solely to active duty in the uniformed services. If the absent parent has served in a succession of geographic locations with no interruption in service, the living arrangement that existed prior to the start of the absence will be used to determine whether the absence is due solely to active duty in the uniformed services.

The applicant or recipient may rebut this presumption by presenting verification that divorce, annulment or separation proceedings have been started or documentation from the appropriate branch of the uniformed services of abandonment of the child(ren). A parent either Absent Without Leave (AWOL) from or incarcerated by the uniformed services is not considered to be absent due solely to active duty in the uniformed services and may be considered an absent parent.

- (4) In all cases where deprivation is based on continued absence, except when the parent is in the home performing court ordered public service, a referral must be made to the Child Support Enforcement Unit. See Section 303.700: Cooperation with Child Support Enforcement Efforts.

(B) Verification

The continued nature of the absence of the parent; the reason for the absence and the fact that the absence has lasted, or clearly can be expected to last, for a period of at least twenty (20) days must all be verified.

- (1) The continued nature of the absence of the parent must be verified at application or when establishing continued absence as a deprivation factor; at subsequent redeterminations; and whenever the Department has reason to question the continued absence of the parent. Acceptable verification is a current signed and dated statement from the applicant or recipient stating the date the parent left the home and that (s)he continues to be absent from the home.
- (2) The reason for the absence must be verified at application or when establishing continued absence as a deprivation factor. If the reason for the absence is unchanged it does not have to be reverified. Any of the following sources, as appropriate, may be used to verify the reason for the absence.
- a. In cases of incarceration, deportation, institutionalization, divorce, legal separation, annulment, orders for separate support, or where a complaint for divorce or separate support has been filed, official records are verification of the reason for the absence. Acceptable official records include those from a court, correctional institution, hospital, and the Immigration and Naturalization Service.
 - b. In cases in which spouse or child abuse has occurred and the non-abusing spouse and children have left the home, documentation of the initiation of court action is acceptable verification of the reason for the absence.
 - c. In all other cases, the reason for the absence is verified by evidence of the absent parent's residence outside the home or by written statements by persons having a professional relationship with the applicant or recipient that support his or her statement about the absence.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 11/85

Chapter 303
(3 of 4) Page 303.320

- d. If none of the above verifications are available, the reason for the absence is established and verified by the applicant's or recipient's signed and dated statement that the parent has left the home.
- (3) If the reason for the absence can be verified by one of the sources listed in (2)a., b. or c. above, it may be expected to last for a period of at least twenty (20) days. If none of those verifications is available, an absence of less than twenty (20) days is verified when it has lasted twenty (20) days. If such an absence does prove to be continued, the deprivation requirement is met on the first day of the absence and AFDC is provided retroactively in accordance with Section 302.150: Date Assistance Begins.
- (4) In cases where continued absence is due to a parent performing court ordered public service, documentation from the court or probation office is necessary to verify 1) that the parent has been convicted of an offense and has been sentenced to unpaid public service, 2) that the parent is allowed to live at home, and 3) the duration of the sentence. Also, documentation from the agency is necessary to verify that the parent is currently performing the service.
- (5) To determine if an absence is due solely to active duty in the uniformed services, it must be determined whether the absent parent was or was not living with the family prior to the current absence. Any of the following verifications is acceptable provided the address of each parent at the time of the start of the absence is verified.
- a. a signed statement from a landlord unrelated to the applicant or recipient, or the absent parent;
 - b. church or religious institution records;
 - c. uniformed service records;
 - d. utility company records;
 - e. voter registration records;
 - f. motor vehicle license or registration;
 - g. employment records; or
 - h. hospital or clinic records.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 11/85

Chapter 303
(4 of 4) Page 303.320

If the above verifications show that the family and the absent parent were living together prior to the current absence, the current absence shall be considered to be due solely to active duty in the uniformed services and the child(ren) shall not be considered to be deprived of parental support. The applicant or recipient may rebut this presumption by providing one (1) of the verifications listed below:

- a. divorce documents;
- b. legal separation documents;
- c. annulment documents;
- d. orders for separate support or other court documents which evidence separation;
- e. complaint for divorce or separate support;
- f. uniformed service records that verify the absent parent's incarceration or AWOL status; or
- g. documentation of abandonment of the child(ren) from the appropriate branch of the uniformed services.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 4/81

Page 303.330

303.330: Physical or Mental Incapacity(A) Requirements

A child is considered deprived of care or support if either parent, both of whom may be living in the home, has a physical or mental defect, illness, or impairment which substantially reduces or eliminates the parent's ability to support or care for the child. The condition must have existed, or be expected to exist, for a period of not less than 30 days.

If an incapacity has existed, or is expected to exist, for a period of six months, and when otherwise indicated, the applicant or recipient must inquire about and, where appropriate, apply for Social Security Disability Insurance (RSDI)

(B) Verification

Incapacity must be verified. Incapacity is verified by the determination of a competent medical authority, as defined in Section 301.600 (F): Competent Medical Authority. The statement must be current.

If the parent is eligible for Social Security Disability Insurance (RSDI) or Supplemental Security Income (SSI) benefits on the basis of disability or blindness, evidence of this eligibility may be accepted. A termination of eligibility for these benefits does not necessarily mean that eligibility for AFDC has terminated, but does require a re-evaluation of the incapacity.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS303.340: Unemployment

A dependent child is considered deprived of care or support if the natural or adoptive parent who is the principal earner is unemployed. In order for the principal earner to be considered unemployed for eligibility purposes, he or she shall: be unemployed or underemployed; have a work history; have applied for unemployment compensation, unless he or she has not worked in the previous 12 months; have not refused a bona fide offer of employment or training for employment, without good cause, within 30 days; and participate in, unless exempt, and not have refused to participate in, without good cause, the Employment and Training (ET) program.

(A) Principal Earner(1) Requirements

The principal earner is the parent who earned the greater amount of income of the two parents in the 24-month period immediately prior to application for benefits. If both parents earned an identical amount of income in the 24-month period, the Department shall designate which parent shall be the principal earner. Once the principal earner is identified, the designation may not be changed until the AFDC case is closed and a new application has been made.

(2) Verification

Principal earner status shall be verified at application, or when necessary, to establish unemployment as a deprivation factor. The 24 months of employment preceding application shall be verified by wage stubs, written statements from a former employer(s), or a copy of federal income tax returns. Both parents must submit this verification, regardless of when their relationship began. In instances where the parents cannot obtain the above verifications, the Department may designate the principal earner on the basis of the evidence that is available.

(B) Unemployment or Underemployment(1) Requirements

The principal earner must have been unemployed or employed for less than 100 hours per month during the 30 days prior to receipt of such aid. The date of eligibility for AFDC is the 31st day of unemployment or underemployment.

AID TO FAMILIES WITH DEPENDENT CHILDREN

CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 7/91

(2 of 4) Page 303.340

The principal earner may be eligible if employed more than 100 hours per month if the work is intermittent and the excess is of a temporary nature. The excess is temporary if the principal earner worked an average of fewer than 100 hours per month for the two months prior to the date of eligibility, as defined above, and is expected to work fewer than 100 hours during the next month.

(2) Verification

Verification of unemployment is mandatory at application, redetermination, or when necessary to establish the deprivation factor.

The applicant's or recipient's declaration containing the necessary information about employment status shall be sufficient verification of unemployment.

Verification of underemployment is mandatory at application, redetermination, when necessary to establish the deprivation factor, or when subject to the requirements of monthly reporting.

Verification of underemployment indicating the number of hours employed is mandatory and shall be by pay stubs or by a written statement from the employer or former employer.

(C) Work History

(1) Requirements

The principal earner meets the work history requirements if he or she:

- a. has six or more quarters of work in which he or she received earnings of not less than \$50.00 in each quarter, or has six or more quarters of participation in ET (or its predecessors) in a 13 calendar-quarter period ending within one year prior to the application for AFDC. Up to four of the required six work quarters may be met using full-time education in elementary or secondary school, or a vocational or technical training course designed to prepare the individual for gainful employment, or an education or training program established under the Job Training Partnership Act; or
- b. received unemployment compensation under an unemployment compensation law of a state or of the United States at some time during the year prior to application for AFDC; or

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 7/91

(3 of 4) Page 303.340

- c. was qualified to receive unemployment compensation under an unemployment compensation law of a state or of the United States at some time during the year prior to application for AFDC but did not apply for unemployment compensation; or
- d. performed work not covered by unemployment compensation, which, if covered, would have created eligibility for unemployment compensation within one year prior to the application for AFDC.

NOTE: A "quarter of work" is a period of three consecutive calendar months ending on March 31, June 30, September 30, or December 31.

(2) Verification

Work history, or education counted toward meeting work history, must be verified at application or when necessary to establish the deprivation factor.

Work history shall be verified by pay stubs, a written statement from a former employer(s), W-2 forms, documents from an employment agency or business records from self-employment. Education shall be verified by a transcript, report card, etc., or by a written statement from the school or organization operating the education or training course.

The Department shall verify participation in ET.

(D) Unemployment Compensation

(1) Requirements

The principal earner must complete the application process for unemployment compensation, unless he or she has not worked in the previous 12 months.

(2) Verification

Application for unemployment compensation shall be verified at application or when establishing unemployment as the deprivation factor. Verification shall be by documents of the Department of Employment and Training (DET) obtained by the applicant or recipient or through collateral contact by the Case Manager.

(E) Bona Fide Offer and Good Cause

(1) Requirements

A principal earner may not have refused a bona fide offer of employment or training for employment without good cause, as defined by 106 CMR 307.180(A), within the 30-day period prior to the date of AFDC eligibility.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 1/90

(4 of 4)

Page 303.340

(2) Verification

Good cause shall be verified at application or when necessary to establish unemployment as the deprivation factor in accordance with the provisions of 106 CMR 307.180(B).

(F) ET Participation

Unless exempt, the principal earner shall participate in ET as a condition of eligibility in accordance with the provisions of 106 CMR 307.140.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 4/87

Chapter 303
(1 of 2) Page 303.400303.400: Residence(A) Requirements

- (1) To be eligible for AFDC, an applicant or recipient must meet one of two residency requirements:
 - a. the child and the relative are living in the Commonwealth, with the intention of making their home in the Commonwealth, but are not required to maintain a permanent residence or fixed address.
 - b. the child and relative are living in the Commonwealth temporarily, are not receiving assistance from another state, and the reason for the relative's entering the Commonwealth was to fulfill a job commitment or seek employment.

An applicant or recipient who is a patient in a mental institution, an inmate of a penal or other public institution, or leaves the United States, its territories or possessions, does not meet either of the above residency requirements.

- (2) Under Section (A)(1)(a.) above, the primary determination of residency is intent. The applicant or recipient meets the requirements if he has no present intent of leaving the Commonwealth, although he need not intend to remain in Massachusetts permanently.
- (3) Under Section (A)(1)(b.) above, the primary determination of residency is the purpose for which the relative entered the Commonwealth. An applicant or recipient entering or residing in Massachusetts for a temporary purpose other than fulfilling a job commitment for temporary work or seeking such work, and who plans to leave the Commonwealth upon completion of this purpose does not meet the AFDC residency requirement.
- (4) There is no durational requirement for establishing residency. An applicant or recipient who meets either of the above residency requirements may be considered a resident immediately upon entry. Residency, once established, is retained until abandoned.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS(B) Verification

If verification is necessary, the method of verification of residence depends on the residency requirement the applicant or recipient claims to have met.

- (1) If he or she claims intent to make his or her home in the Commonwealth, residence is verified by one of the following:
 - a. A signed statement from a landlord to the applicant or recipient;
 - b. A deed or other evidence of ownership of the property used as the home;
 - c. Postal service records;
 - d. Church or religious institution records;
 - e. Utility company records;
 - f. Voter registration records;
 - g. Motor vehicle license or registration; or
 - h. Employment records.
- (2) If the applicant or recipient is homeless and if documentary evidence is not available, residence is verified by one of the following:
 - ° a collateral contact, with a person who can verify that the applicant or recipient lives in the area covered by the office in which he or she applied; or
 - ° a written statement signed by the household or by a person known to the household stating that the household lives in the area covered by the office in which he or she applied; or
 - ° a home visit.
- (3) If the applicant or recipient claims that he or she is living in the Commonwealth, is not receiving assistance from another state, and entered the Commonwealth with a job commitment or is seeking employment in the Commonwealth, residence is verified by:
 - a. A signed statement from the employer making the job commitment; or
 - b. A current employment registration card.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 4/87

Chapter 303
Page 303.410303.410: Temporary Absence(A) Requirements

Temporary absences from the Commonwealth, with subsequent returns to the Commonwealth, or intent to return when the purposes of the absence may have been accomplished, do not interrupt continuity of residence. Temporary absences include those for such reasons as health, business, school, or family commitments. Temporary absences may not exceed sixty (60) calendar days.

A temporary absence which exceeds sixty (60) calendar days shall create a rebuttable presumption that Massachusetts residency has been abandoned and that eligibility for assistance has ceased. The recipient may rebut this presumption by meeting one of the following requirements:

- (1) Submission of verification prior to the start of the absence, or during the first sixty (60) calendar days of the absence, that it will exceed sixty (60) calendar days. Acceptable verification includes medical documentation, a short-term business contract or school documents. Verification of intent to retain residency must also be submitted. Evidence to substantiate intent to retain residency includes any of the documents listed in 306.400(C)(2).
- (2) Appearance at a Fair Hearing and submission of evidence demonstrating a need for absence in excess of sixty (60) calendar days.

If a recipient is unable to appear at the Fair Hearing for medical reasons, (s)he shall submit a signed and dated statement from a competent Medical Authority verifying that the recipient is unable, for medical reasons, to travel to Massachusetts. In this situation the recipient must also submit written testimony verifying the need for the absence to exceed sixty (60) calendar days and verification of the intent to retain residency in Massachusetts.

(B) Absence in Excess of Sixty (60) Days

If a recipient is absent for more than sixty (60) calendar days, and continues to receive assistance, the worker shall notify the appropriate state agency in the state where the recipient is temporarily residing. Such notice shall include: the recipient's name, Social Security Number, Massachusetts' address, temporary address and anticipated length of the temporary absence.

(C) Verification

The temporary nature of an absence of less than sixty (60) calendar days must be verified (see Section 302.300: Verification). Evidence of the temporary nature of an absence includes medical documentation, a short-term business contract or school documents. Evidence to substantiate intent to retain residency includes any of the documents listed in 306.400(C)(2).

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTSChapter 303
Page 303.500

Rev. 3/90

303.500: Citizens, Aliens, and Canadian-born Indians

To be eligible for assistance, the applicant or recipient must be either a citizen of the United States, an alien lawfully admitted for permanent residence or permanently residing in the United States under color of law, or an American Indian born in Canada. Every applicant and recipient included in the assistance unit must sign a declaration under penalty of perjury certifying whether he or she is a citizen of the United States or an alien in satisfactory immigration status. The grantee-relative must sign the declaration on behalf of each dependent child under age 18 in the assistance unit. Failure to comply with these requirements shall result in an individual's ineligibility as provided in 106 CMR 304.315.

If the child meets any of these conditions, he or she may be eligible even though one or more of his or her other relatives may not. When a relative is ineligible for assistance because of his or her alien status, he or she must be excluded from the assistance unit but may be the grantee-relative for those children who do meet the requirements.

303.510: Citizens(A) Requirements

A person who is a U.S. citizen meets the requirements of 106 CMR 303.500 if the declaration requirements of that section are met.

(B) Verification

If verification is necessary, citizenship is verified by the sources listed in 106 CMR 303.120: Dependent Child: Under Age 18 that indicate place of birth and nationality of parents.

For a person born outside of the United States, citizenship is verified by one of the following:

- (1) U.S. passport;
- (2) Naturalization certificate;
- (3) Military service papers;
- (4) U.S. Citizen Identity Card (Form I-179); or
- (5) U.S. Citizen Resident's Card (Form I-197).

303.520: Aliens(A) Requirements

An individual who is not a citizen may be eligible for assistance if he or she:

- (1) Has been lawfully admitted for permanent residence; or
- (2) Is permanently residing in the U.S. under color of law.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 11/85

Aliens lawfully admitted for a temporary purpose, such as students, visitors and diplomats, are not eligible.

(B) Verification of Aliens

The status of an alien must be verified.

(1) The status of a person lawfully admitted for permanent residence is verified by:

- a. An "Alien Registration Receipt Card" (INS-I-151), commonly referred to as a "Green Card" or INS Form I-551 (Blue printing superimposed over a white background);
- b. A "Re-entry Permit" used for travel purposes by persons who have been issued the INS-I-151 or the INS-I-551;
- c. Official documentation (including a receipt showing a request for replacement) from INS verifying that the alien has applied for a replacement I-151 or I-551 in the event of loss or theft; or
- d. Any other official documentation from INS that indicates permanent residence status.

(2) Verification of the status of a person permanently residing under color of law can be made by producing an Arrival Departure Record (INS Form I-94) with one of the following notations:

- a. "Refugee-Conditional Entry" (pursuant to Section 203(a) (7) of the INA);
- b. "Refugee-Paroled" (pursuant to Section 207 (c) of the INA, in effect after March 31, 1980);
- c. "Paroled-For Indefinite Period" (pursuant to Section 212(d) (5) of the INA (A Form I-94 endorsed to show parole for a specified period is not acceptable with the sole exception of those individuals indicated in e., f., g., and (3)d. below);
- d. "Political Asylum Granted" (pursuant to Section 208 of the INA);
- e. "Cuban/Haitian Entrant (status pending) or the initials "OOE" or the words "Outstanding Order of Exclusion";
- f. "Citizen of Cuba" either entered in USA or paroled after April 20, 1980; or

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

- g. "Citizen of Haiti" granted "Voluntary Departure" status or paroled. (This person must have been in INS proceedings as of June 19, 1980.)
- (3) Additional verifications of the status of a person permanently residing under color of law includes but is not limited to the following:
- a. Documentation from INS (including a receipt showing a request for replacement) verifying that the alien has applied for a replacement I-94 in the event of loss or theft;
 - b. Documentation from INS verifying a grant of indefinite voluntary departure or an indefinite stay of deportation;
 - c. Documentation of continuous residence since January 1, 1972, including but not limited to rent receipts, library cards, bank statements, insurance policies, church membership, or affidavit of a third person; or
 - d. Documentation that there has been contact with INS and INS has indicated it is not currently contemplating enforcement of deportation proceedings against the persons listed below:
 - 1. An alien whose nonimmigrant visa has expired;
 - 2. An alien who has a pending request with INS for indefinite voluntary departure, deferred action status, or stay of deportation;
 - 3. A non-Cuban/Haitian entrant whose I-94 is endorsed to show parole for a specified period;
 - 4. A Cuban/Haitian who entered the U.S. prior to 10/10/80; or
 - 5. An individual who has filed an application for political asylum which is currently pending with INS or an Immigration Judge.

(C) Ineligible Aliens: Special Situation

Notwithstanding any other provisions of Chapter 303, an alien granted lawful temporary or permanent resident status pursuant to Section 245A of the INA is ineligible for AFDC for five years from the date the lawful temporary resident status was granted. The INS-I-551 Form for permanent resident status under Section 245A will show codes W-16, W-26, or W-36.

A Cuban/Haitian entrant as defined in paragraph (1) or (2)(A) of Section 501(e) of Pub. L. 96-422 in effect on April 1, 1983, is excluded from this provision.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 10/88

(1 of 5)

Page 303.521

303.521: Deeming of an Alien Sponsor's Income and Assets(A) Definitions(1) Sponsor

A sponsor is any person who, or public or private agency or organization that, executed an affidavit of support or similar agreement on behalf of an alien as a condition of that alien's entry into the United States.

(2) Sponsored Alien

A sponsored alien is an alien who has been admitted to the United States for permanent residence and for whom an affidavit of support was signed as a condition of entry.

(B) Verification

A sponsorship agreement must be verified. Verification shall be by one of the following:

- (1) a copy of the affidavit of support;
- (2) a copy of a similar agreement;
- (3) other appropriate INS documents;
- (4) a statement signed by the sponsor; or
- (5) a statement signed by the sponsored alien applicant or recipient.

(C) Aliens Who are Exempt from Sponsored Alien Provisions

The provisions of this section shall not apply to any alien who is:

- (1) the dependent child or step-child of the sponsor;
- (2) admitted as a conditional entrant refugee to the United States as a result of the application of the provisions of Section 203(a)(7) (in effect prior to April 1, 1980) of the Immigration and Nationality Act;
- (3) admitted as a refugee to the United States as a result of the application of the provisions of Section 207(c) (in effect after March 31, 1980) of the Immigration and Nationality Act;
- (4) paroled into the United States as a refugee under Section 212(d)(5) of the Immigration and Nationality Act;
- (5) granted political asylum by the Attorney General under Section 208 of the Immigration and Nationality Act;
- (6) a Cuban or Haitian entrant, as defined in Section 501(e) of the Refugee Education Assistance Act of 1980 (Public Law 96-422); or,

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

- (7) other members of the filing unit who are not themselves sponsored aliens.

(D) Requirements

- (1) For the first three years after a sponsored alien enters the United States for permanent residence, the sponsored alien shall be deemed to receive support from his or her sponsor.
- (2) The sponsored alien applicant or recipient must cooperate in obtaining the necessary income and asset information from the sponsor. Failure of the sponsored alien applicant or recipient or the sponsor to cooperate in determining the amount of income and assets available to the sponsored alien applicant or recipient from the sponsor shall result in denial or termination of assistance. See also: 106 CMR 302.310: Responsibility for Verification.

(E) Determination of Available Income from an Individual Sponsor

- (1) The total monthly gross earned and unearned income of a sponsor and sponsor's spouse (if the spouse is living with the sponsor) is deemed to be available to a sponsored alien subject to the following disregards:
- a. twenty percent of the total monthly gross earned income of the sponsor and of the sponsor's spouse (if living with the sponsor), not to exceed \$175;
 - b. the amount of the appropriate AFDC Standard of Need for a family of the size and composition of the sponsor's family (see 106 CMR 304.410). Only those dependents who are living in the same household as the sponsor and who are or could be claimed by the sponsor as dependents for federal income tax purposes may be considered in calculating this disregard;
 - c. any amount of money that the sponsor or sponsor's spouse actually pays to individuals who do not live in the same household as the sponsor, but who are or could be claimed as dependents for federal income tax purposes; and
 - d. the amount actually paid by the sponsor or sponsor's spouse as child support or alimony payments, with respect to individuals not living in the household.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 10/88

Chapter 303
(3 of 5) Page 303.521

- (2) No income may be deemed available from a sponsor or sponsor's spouse who is in receipt of AFDC or SSI.

(3) Verification

The income of the sponsor or the sponsor's spouse, or both, shall be verified in accordance with Chapter 304.

(F) Determination of Available Assets from an Individual Sponsor

- (1) The assets of the sponsor and the sponsor's spouse (if the spouse is living with the sponsor) shall be evaluated in accordance with Sections 304.100 through 304.140 and deemed available to the sponsored alien subject to the following disregard: the first \$1500 of countable assets is not deemed available to the sponsored alien applicant or recipient.

(2) Verification

The assets of the sponsor or the sponsor's spouse, or both, shall be verified in accordance with Section 304.120.

(G) Sponsorship of More Than One Alien

- (1) If an individual is the sponsor of more than one alien, the total amount of deemable income and assets shall be divided equally among the sponsored aliens.

(2) Verification

Sponsorship of more than one alien shall be verified in accordance with paragraph (B) above.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 10/88

Chapter 303
(4 of 5) Page 303.521(H) Sponsorship by a Public or Private Agency or Organization

- (1) A public or private agency or organization that sponsors an alien is presumed to be providing for the sponsored alien's financial needs. There are two exceptions to this rule:
 - a. An alien who is sponsored by a public or private agency or organization shall be eligible for AFDC only when the public or private agency or organization no longer exists; or,
 - b. The amount of assistance provided by the public or private agency or organization is insufficient. (See (3) below.)
- (2) Verification
 - a. The nonexistence of a public or private agency or organization shall be verified by a written statement, signed and dated by a third party, who would have knowledge that the agency or organization is no longer in existence.
 - b. A public or private agency's or organization's inability to provide sufficient support for the sponsored alien shall be verified by a written statement, signed and dated by an appropriate official of the agency or organization. This statement must include the reason for the agency's or organization's inability to provide sufficient support and the amount, if any, of support being provided to the sponsored alien.
- (3) Determination of Available Income from an Agency or Organization
 - a. To determine whether or not the available income from an agency or organization is sufficient to meet the needs of the sponsored alien, the income, if any, available from the agency or organization, shall be compared to the Standard of Need for a one person household.

If the income exceeds the Standard of Need for a one person household, the income is sufficient to meet the needs of the sponsored alien. The sponsored alien is therefore ineligible. If the income is equal to or less than the Standard of Need for a one person household, see b. below.
 - b. the amount of income, if any, available from an agency or organization that is equal to or less than the standard of need for a one person household is to be treated as unearned income in combination with any other countable income when determining eligibility for the sponsored alien and his or her assistance unit. (see chapter 304.)

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS(I) Repayment of Overpayments to Sponsored Aliens

- (1) If an overpayment is made to a sponsored alien during the time that the sponsor's income or assets, or both, are deemed to the alien and the overpayment was due entirely or in part to the sponsor's failure to provide correct income and asset information to the Department, both the sponsored alien and the sponsor shall be jointly and severally liable for repayment of the overpayment. The repayment of the overpayment shall be in accordance with Section 306.200, et seq.
- (2) The sponsor will not be liable for repayment of the overpayment if he or she can show good cause for failure to provide correct income and asset information or is found to be without fault in providing such information.

Situations where a sponsor is without fault or has good cause for failure to provide correct income and asset information are:

- a. The incorrect information relates to the sponsored alien only and not the sponsor.
- b. The incorrect information relates to the sponsor and evidence exists that the sponsor provided correct information to the sponsored alien who transmitted that information incorrectly to the Department.
- c. Evidence exists that the sponsored alien falsified verification(s).

If the sponsor is found to be without fault or has good cause for failure to provide correct income and asset information, the sponsored alien is liable for repayment of the overpayment. The repayment of the overpayment shall be in accordance with Section 306.250, et seq.

- (3) The amount of the AFDC overpayment shall be offset by any child support or other third party payments received by the Department during the time period in question. In no event may the Department recover more than the total overpayment.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTSChapter 303
Page 303.530

Rev. 10/88

303.530: American Indian Born in Canada(A) Requirements

A person with at least 50 percent Indian blood who was born in Canada and who has maintained residence in the United States since his or her entry must be regarded as having been lawfully admitted for permanent residence.

Persons with less than 50 percent Indian blood must satisfy the requirements of Section 303.520: Aliens, and, if appropriate, 303.521: Deeming of an Alien Sponsor's Income and Assets.

(B) Verifications

This status must be verified. Canada-born Indian status is verified by one of the following:

- (1) a "band card" issued by the band council of a Canadian Indian reserve;
- (2) birth or baptism records;
- (3) a provincial Union of Indians card (such as a Union of Nova Scotia Indians card); or
- (4) an affidavit from a tribal official or other person knowledgeable about the applicant's or recipient's family ancestry.

303.540: Decision of Alien to Apply for Assistance

An alien who does not have Immigrant status must be informed that receipt of public assistance may result in an adverse decision by INS when the person is eligible to apply for a change of status to permanently admitted alien. It is important that an individual fully understand the implications of his or her immigration status before deciding whether or not to apply for or to receive public assistance.

303.550: Disclosure of Information to INS

The worker is prohibited from disclosing information regarding persons on AFDC without their consent except for purposes directly connected with the administration of the program. Therefore, the worker may not furnish information to INS about an applicant or recipient who has been determined to be an Illegal Entrant. Also, there is no basis for disclosure to INS that a legally admitted alien has or has not received AFDC benefits. The alien may request information from his or her own record and make a voluntary disclosure to INS.

AID TO FAMILIES WITH DEPENDENT CHILDREN
- CATEGORICAL REQUIREMENTS303.600: Social Security Number (SSN)(A) Requirement

As a condition of eligibility, each applicant or recipient must verify a social security number (SSN) for each person for whom assistance is requested or received. Each SSN must also be verified by a computer match performed by the Department with the Social Security Administration (SSA). SSA sources that verify the SSN include, but are not limited to, BENDEX Title II and Title XVIII data, Numident and State Data Exchange information.

- (1) Verification of an SSN or application for an SSN shall be by:
 - (a) the Social Security card of the applicant or recipient;
 - (b) verification from SSA that he or she has applied for an SSN or applied to have an already-existing number validated; or
 - (c) a copy of an SSN verified for another Department program.
- (2) Any member of the assistance unit who is unable to verify an SSN, or for whom more than one SSN is verified, must provide verification from the SSA, in accordance with 106 CMR 303.600 (B)(2), stating that he or she has applied:
 - (a) for a number; or
 - (b) to have an already-existing number validated.
- (3) Assistance may not be denied, delayed, or decreased pending the issuance or verification of an SSN if the applicant or recipient has complied with the requirements specified in 106 CMR 303.600 (A) and/or (B).
- (4) An applicant or recipient who does not provide such verification of an SSN that the Department can verify by computer match with the SSA must be excluded from the assistance unit. The applicant or recipient may, however, be the grantee-relative for those children for whom an SSN has been verified or an application initiated.

The only exception to this requirement is a non-AFDC refugee who meets the requirements specified in 106 CMR 328.200. At the end of the eight-month period beginning with the date of entry into the United States, the non-AFDC refugee must furnish a valid SSN to be eligible for continued assistance under the AFDC program.

AID TO FAMILIES WITH DEPENDENT CHILDREN
-CATEGORICAL REQUIREMENTS(B) Verification Requirements and Acceptable Verifications(1) Requirements

The worker shall refer the applicant or recipient to the nearest SSA office when the applicant or recipient cannot verify the necessary SSN(s) because:

- (a) it has never been assigned;
- (b) the applicant or recipient has no verification of the SSN;
or
- (c) it is necessary to validate an already-existing number when two or more numbers are verified for a person.

The applicant or recipient must obtain verification from the SSA, as specified in 106 CMR 303.600(B)(2), stating that he or she has applied:

- (d) for an SSN; or
- (e) to have an already-existing number validated.

Upon delivery of such verification to the worker, the applicant or recipient shall be considered eligible to receive assistance, providing that he or she meets all other eligibility requirements.

The worker shall inform the applicant or recipient that the SSA office may require verification of age, identity, and citizenship or alien status. The worker shall provide the applicant or recipient, upon request, with any documents existing in the AFDC case record that provide the verifications necessary to apply for an SSN or to apply to have an already existing number validated. The worker shall retain a copy of any document(s) given to the applicant or recipient in the case record.

(2) Verifications

Verification that the applicant or recipient has applied for an SSN or has applied to have an already-existing number validated shall be provided at the following times:

- (a) at application, when the applicant or recipient cannot verify the SSN for any of the reasons listed in 106 CMR 303.600(B)(1);
- (b) when there is a match discrepancy, as specified in 106 CMR 303.600(C); or
- (c) when there is a question as to the validity of the number and/or the identity of the applicant or recipient.

The signature of an SSA employee on the ENUM-2 form is the

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

preferred verification that an applicant or recipient has applied for an SSN or has applied to have an already-existing number validated. In the absence of the ENUM-2 form, one of the following shall be sufficient:

(d) form 5028 from SSA; or

(e) form SSA 2853; or

(f) any other written communication from an SSA office verifying that the applicant or recipient has applied for an SSN or has applied to have an already-existing number validated.

(C) Match Discrepancies

When an applicant or recipient verifies a number that cannot also be verified by computer match with the SSA, in accordance with 106 CMR 303.600(A), the worker shall refer the applicant or recipient to the nearest SSA office.

An applicant or recipient whose SSN produces a match discrepancy must obtain verification from the SSA, as specified in 106 CMR 303.600(B)(2), stating that he or she has applied:

(1) for an SSN; or

(2) to have an already-existing number validated.

Upon delivery of such verification to the worker, the applicant or recipient shall be considered eligible to receive assistance, provided that he or she meets all other eligibility requirements.

The worker shall inform the applicant or recipient that the SSA office may require verification of age, identity, and citizenship or alien status. The worker shall provide the applicant or recipient, upon request, with any documents existing in the AFDC case record that provide the verifications necessary to apply for an SSN or to apply to have an already-existing number validated. The worker shall retain a copy of any document(s) given to the applicant or recipient in the case record.

An applicant or recipient whose SSN produces a match discrepancy shall only be referred to SSA once to obtain verification that he or she has applied for an SSN or has applied to have an already-existing number validated. Should a second match discrepancy occur after the applicant or recipient has provided the SSA verifications necessary to rectify the original match discrepancy, it will be assumed that the SSN furnished is valid and has been verified for purposes of eligibility, unless the identity of the applicant or recipient and/or the validity of the SSN become questionable.

AID TO FAMILIES WITH DEPENDENT CHILDREN
- CATEGORICAL REQUIREMENTS(D) Right to Know Uses of Social Security Numbers

The applicant or recipient has the right to know how the Department will use his or her SSN and the numbers of all members of the assistance unit. At the time the applicant is given the application form, he or she will also be given written notice on a form prescribed by the Department explaining the following:

- (1) the purposes for which the numbers are sought;
- (2) that the SSN(s) will be computer cross-checked with SSNs appearing in other personal data files;
- (3) what those files are, whether within the Department, in other governmental agencies or elsewhere; and
- (4) that failure to meet Department requirements for verifying an SSN shall result in denial or termination of benefits.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 7/85

Chapter 303

Page 303.700

303.700: Cooperation with the Child Support Enforcement Efforts

Each applicant for and recipient of AFDC will be given every opportunity, at any time, to cooperate in obtaining child and spousal support or child support.

(A) As a condition of eligibility, each applicant/recipient must:

- (1) Assign to the Department any rights that the applicant/recipient may have to child and spousal support or child support from any other person; and
- (2) Cooperate with the CSEU in establishing paternity, locating the absent parent(s), and obtaining spousal and child support or child support as set forth in Section 303.720, unless good cause for refusing to cooperate is determined to exist. (Refer to Section 303.730: Establishment of Good Cause.)

(B) If the applicant/recipient fails to comply with the requirements of this section, (s)he must be removed from the AFDC assistance unit. Notwithstanding an applicant's/recipient's failure to comply with the requirements of this section, (s)he may be eligible for Medical Assistance and/or Food Stamps, subject to the eligibility criteria for those programs. Any aid for which the remaining members of the assistance unit are eligible must be provided in the form of vendor payments, to the extent possible. (Refer to Section 306.600 Vendor Payments)

303.710: Assignment of Right to Support

(A) Requirements

The applicant/recipient must assign to the Department any rights to spousal and child support or child support and medical insurance benefits that (s)he may have. The assignment of support rights applies to any rights on the applicant/recipient's own behalf or on behalf of any family member for whom the applicant/recipient is applying or receiving assistance, and for any rights which have accrued at the time the assignment is executed.

Failure or refusal of the applicant/recipient to assign his or her support rights does not abrogate the right of the Department to collect support for the amount of assistance rendered.

(B) Verification

The assignment of rights is made by completing the Assignment of Support Rights Form (A-34).

An applicant/recipient who refuses to sign Form A-34 is ineligible to receive assistance for his or her own needs. Assistance to eligible members of the assistance unit must be made by vendor payment, to the extent possible.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 7/85

Chapter 303
Page 303.720303.720: Cooperation in Obtaining Support(A) Requirements

- (1) Unless good cause for refusing to cooperate is determined to exist, the applicant/recipient must cooperate in:
 - a. Identifying and providing information concerning the location of the parent of a child for whom aid is claimed;
 - b. Establishing the paternity of a child for whom aid is claimed;
 - c. Obtaining support payments for the applicant/recipient and for a child for whom aid is claimed; and
 - d. Obtaining any other payments due the applicant/recipient or the child, including rights to medical insurance under policies maintained by the absent parent.
- (2) Actual enforcement efforts are made by the Child Support Enforcement Unit (CSEU) whose duty it is to attempt to discover the location of the absent parent(s) based on information obtained through its own sources and/or the cooperation of the applicant/recipient. Cooperation with the CSEU includes any of the following actions that are relevant to or necessary for the achievement of the requirements listed above:
 - a. Appearing at the Area/Branch Office as necessary to provide verbal or written information or documentary evidence that is known to, in the possession of, or mutually agreed-upon as being obtainable by the applicant/recipient;
 - b. Appearing as a witness at judicial or other hearings or proceedings;
 - c. Providing information, or attesting to the lack of such information, under penalty of perjury, except that she may not be required to answer questions of a personal nature regarding her sexual relationship with the father of the child(ren) except after the alleged father has denied paternity or failed to respond within fifteen (15) days to an inquiry from the CSEU concerning paternity or support of the child(ren);

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 10/86

Chapter 303
(2 of 4) Page 303.720

The questions are limited to those which appear on the CSEU Paternity Questionnaire. This questionnaire shall be administered only to determine the propriety of a judicial proceeding and to prepare the applicant/recipient for it; or

- d. Paying to the CSEU any child and spousal support or child support payments received from the absent parent after an assignment of rights has been made.
- (3) The applicant/recipient must be given the opportunity and advised in writing of the right to claim good cause for the refusal to cooperate and must be given written notice of all the requirements applicable to a good cause determination. If the applicant/recipient claims that (s)he has good cause for refusing to cooperate, no steps may be taken by the CSEU in order to pursue the absent parent until the final decision is made on the claim.
- (4) If the CSEU claims that cooperation has not been forthcoming, the AFDC Worker must make the final decision regarding failure to cooperate. In making the decision, the AFDC Worker is to exercise independent judgment and make an independent determination.

The determination must:

- a. contain, in written form, the AFDC Worker's findings and the basis for the AFDC Worker's determination;
- b. be reviewed and approved by the supervisor; and
- c. be made a part of the case record.

(B) Notification to Applicant/Recipient; Establishing Cooperation or Noncooperation

Notification of the requirements for cooperation and of the right to claim good cause must be provided to the applicant/recipient. Notification is made when the applicant/recipient completes the Department's prescribed form and acknowledges receipt of such form by signing it in the presence of the AFDC Worker. A copy of the form in the case record establishes that notification has been made.

If the CSEU fails to inform the AFDC Worker of the applicant/recipient's refusal to cooperate, then the requirement of cooperation has been met.

The AFDC Worker's independent determination of noncooperation must be made a part of the case record to establish a finding of noncooperation.

(C) Reduction for Failure to Cooperate in Obtaining Support

- (1) There shall be no reduction or approval at a reduced level of benefits for failure to cooperate in obtaining support based on a failure to provide information not within the applicant's or recipient's good faith knowledge or possession so long as he or she attests to such lack of knowledge under penalty of perjury. The credibility of such a sworn statement shall be presumed for purposes of determining eligibility for benefits.
- (2) When an applicant or recipient is denied or terminated for failure to cooperate in obtaining support without good cause, the applicant shall receive a notice informing him or her of the dollar amount the assistance unit would have received if he or she had cooperated and the recipient shall receive a notice informing him or her of the changes in the grant amount. The applicant or recipient shall also be provided with the reason(s) for the decision, the continuing right to cooperate (which shall result in either a retroactive or prospective effective date for reinstating benefits, dependent upon both the date of the applicant's or recipient's written notice to the Department that he or she shall cooperate and the date of cooperation), and the right to appeal the denial or termination.
- (3) The CSEU shall notify the AFDC worker of the applicant's or recipient's alleged failure to cooperate in obtaining support. Prior to sending a denial notice to the applicant or a notice of proposed reduction or termination to the recipient alleging failure to cooperate in obtaining support, the AFDC worker shall send a warning notice that specifically sets forth the way(s) in which the applicant or recipient has failed to cooperate, what he or she must do to cooperate and the fact that he or she has 15 days from the date of the notice to cooperate or demonstrate to the AFDC worker why he or she is unable to cooperate in the way(s) requested.
- (4) The AFDC worker shall consider information received from the applicant or recipient directly and/or from the CSEU. The CSEU shall notify the AFDC worker of any subsequent actions concerning cooperation by the applicant or recipient.

If the AFDC worker determines that the applicant or recipient has not cooperated within the warning period in Subsection (3) above, the AFDC worker shall enter the findings of noncooperation in the case record in accordance with Section 303.734 and initiate the process to issue a notice of proposed denial or reduction or termination.

- (5) If the applicant or recipient cooperates prior to the effective date of the proposed action, or in a case in which a hearing has been requested prior to the date of the hearing, the proposed action shall be rescinded.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 10/86

(4 of 4) Page 303.720

- (6) At any time subsequent to the denial of the applicant or removal of the grantee relative due to failure to cooperate, if the applicant/recipient indicates in writing to the AFDC Worker that (s)he is willing to cooperate, (s)he must be given an opportunity to do so. If the applicant/recipient produces the information that was at issue or takes whatever action is necessary to cure the noncooperation within fifteen (15) days of the date that the Department received notice that (s)he would cooperate, and if otherwise eligible, (s)he will be opened/reopened retroactive to the date (s)he notified the Department of his/her intent to cooperate. If (s)he provides the information at issue or takes whatever action is necessary to cure the noncooperation after fifteen (15) days from the date that the Department received notice that (s)he would cooperate, and if otherwise eligible, (s)he will be opened/reopened as of the date (s)he produced the information or took the necessary action.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS303.721: Benefits of Cooperation in Obtaining Support

The benefits to be obtained for the child, the applicant/recipient and the Commonwealth in identifying and locating the absent parent and establishing the paternity of the child may include:

- (A) Preserving the child's right to receive Social Security benefits with respect to the absent parent's earnings;
- (B) Preserving the child's right to inherit from his or her parent;
- (C) Preserving the child's right to know the identity of his or her parent; and
- (D) Placing the financial burden of supporting the child upon the absent parent, the person legally responsible for the child's support, while at the same time reducing the cost of the AFDC Program.

303.730: Establishment of Good Cause(A) Requirements

- (1) The burden of producing evidence to establish good cause for refusal to cooperate is upon the applicant/recipient; however, the applicant/recipient may request the assistance of the AFDC worker in obtaining evidence. It is the responsibility of the applicant/recipient to:
 - a. Specify the circumstances with regard to which good cause is claimed; and
 - b. Provide corroborative evidence substantiating the good cause claim.
- (2) It is the responsibility of the AFDC worker to determine:
 - a. Whether an applicant/recipient has good cause for refusing to provide the cooperation otherwise required; and
 - b. Whether child support enforcement could proceed without risk of harm to the child or the relative with whom the child resides if the enforcement or collection activities did not involve the cooperation or participation of the relative or the child.

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AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTSChapter 303
Page 303.731

Rev. 7/85

303.731: Grounds for Good Cause

Good cause is present if at least one (1) of the following circumstance exists:

- (A) The child was conceived as a result of incest or forcible rape;
- (B) Legal proceedings for the adoption of the child are pending before a court of competent jurisdiction;
- (C) The applicant/recipient is currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child or relinquish him or her for adoption, and discussions have not lasted for more than three months; or
- (D) Cooperation would result in serious harm or emotional impairment to the child or the relative with whom the child resides. (See Section 303.732)

303.732: Circumstances Under Which Cooperation May Be Against the Best Interests of the Child(A) Requirements

- (1) Cooperation in establishing paternity and securing support is against the best interests of the child only if the applicant's or recipient's cooperation is reasonably anticipated to result in:
 - a. Physical harm of a serious nature to the child for whom support is sought, or to the relative with whom the child is living which would reduce his or her capacity to care for the child adequately; or
 - b. An emotional impairment that substantially affects the functioning of the child for whom support is sought, or of the relative with whom the child is living, and which would reduce his or her capacity to care for the child adequately.
- (2) For every good cause determination which is based in whole or in part upon anticipation of emotional harm to the child or relative, the AFDC worker must consider the following:
 - a. The present emotional state of the individual subject to emotional harm;
 - b. The emotional health history of the individual subject to emotional harm;

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303

Rev. 10/86

(2 of 2)

Page 303.732

- c. The intensity and probable duration of the emotional upset;
- d. The degree of cooperation to be required; and
- e. The extent of involvement of the child in the paternity establishment or support enforcement activity to be undertaken.

(B) Verification

- (1) A claim of good cause may be supported without further investigation if one of the following types of evidence is provided:
 - a. Birth certificate or medical or law enforcement records that indicate that a child was conceived as the result of incest or forcible rape. Acceptable medical records shall include records reflecting the judgment of a disinterested third party including, but not limited to, counselors, therapists, or any other medical or psychological health professional that conception is the result of incest or forcible rape. Such medical records shall be accepted as verification regardless of when they were prepared;
 - b. Court documents or other records that indicate that legal proceedings for adoption are pending before a court of competent jurisdiction;
 - c. Court, medical, criminal, child protective services, social service, psychological, or law enforcement records that indicate that the putative or absent parent might inflict physical or emotional harm on the child or relative;
 - d. Medical records regarding the emotional health history and present emotional health status of the relative of the child or the child for whom support would be sought that indicate that emotional harm would result from cooperation, or written statements from a mental health professional indicating such results; or
 - e. A written statement from a public or licensed private social agency that the applicant/recipient is being assisted by the agency to resolve the issue of whether to keep the child or relinquish him/her for adoption.

When none of the items listed above is present or conclusive, the following may support a claim of good cause:

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Chapter 303
Page 303.733

Rev. 5/80

- f. Sworn statements from individuals other than the applicant or recipient with knowledge of the circumstances, which provide the basis for the claim of good cause; or
- g. Sworn statements from the applicant or recipient and at least one other witness which set forth the affiants' knowledge of the circumstances. Such statements may be made orally and reduced to writing by the AFDC or CSEU worker.

303.733: Investigation of Good Cause

When the AFDC worker determines that the evidence does not satisfactorily support a claim of good cause, (s)he must refer the case to the CSEU worker.

The CSEU worker may conduct an investigation. However, (s)he will not contact the absent parent unless such contact is determined to be necessary to establish the good cause claim.

In all cases where the CSEU worker has determined that contact is necessary, the AFDC worker must notify the applicant or recipient of the determination prior to such contact to enable the individual to:

- (A) Present additional evidence or information so that contact with the absent parent becomes unnecessary;
- (B) Withdraw the application for assistance;
- (C) Have the case closed; or
- (D) Appeal the determination.

303.734: Final Determination of Good Cause

(A) Requirements

- (1) After considering the evidence provided by the applicant or recipient, the CSEU worker's report and recommendation, or both, the worker must make a determination of:
 - a. Whether or not the applicant or recipient has good cause for refusing to cooperate; and
 - b. Whether or not child support enforcement can proceed without risk of harm to the child or the relative if the activities do not involve their participation.

AID TO FAMILIES WITH DEPENDENT CHILDREN
CATEGORICAL REQUIREMENTS

Rev. 6/87

- (2) The determination must be made within 30 days of the good cause claim, except where the worker has documented that extra time is needed to secure additional evidence, or that the claimant did not provide the necessary evidence within that time limit.
- (3) The determination must:
 - a. contain, in written form, the AFDC worker's findings and the basis for the determination;
 - b. be reviewed and approved by the supervisor; and
 - c. be made a part of the case record.

The CSEU worker must have an opportunity to review and comment on the AFDC worker's findings and basis for the proposed good cause exception determination.

- (4) If the worker finds that good cause does not exist, the applicant or recipient must be notified and afforded an opportunity to cooperate or withdraw the request for assistance. If the applicant or recipient neither cooperates nor withdraws the request, he or she must be removed from the assistance unit and vendor payments must be instituted, to the extent possible. The applicant or recipient retains the right to appeal such action.
- (5) If the worker finds that good cause exists, but determines that the Child Support Enforcement Unit may proceed to establish paternity or enforce support without placing the applicant or recipient or child at risk of physical or emotional harm, the worker must inform the applicant or recipient of the worker's decision in writing. This written notice must contain a summary of the worker's findings and basis for determination, and must be entered into the AFDC case record. It must also inform the applicant or recipient that he or she has the right to withdraw the application for assistance, to have the case closed, or to appeal the determination within 90 days of the date of the notice.

No action to establish paternity or enforce support may be taken until after 90 days or, if an appeal is filed, until a hearing decision is rendered, whichever is later.

(B) Verification

For those cases in which the worker finds that good cause exists, the approved written findings of good cause in the case record is verification that a final determination of good cause has been made.

For those cases in which the worker finds that good cause does not exist or that good cause does exist but the CSEU may proceed to establish paternity or enforce support, the approved written finding in the case record shall be verification that a final determination has been made only after the 90 days has passed or, if an appeal is filed, until the hearing decision has been rendered, whichever is later.

AID TO FAMILIES WITH DEPENDENT CHILDREN
- CATEGORICAL REQUIREMENTS303.735: Assistance Pending Determination of Good Cause

Assistance must not be denied, delayed, or discontinued, pending a determination of good cause, if the applicant or recipient has provided evidence of at least one of the circumstances, listed in 106 CMR 303.731 and 303.732, or sufficient information (such as the name and address of the putative or absent parent) to permit an investigation by the CSEU Worker to determine the existence of any of these circumstances.

303.736: Periodic Review of Good Cause

The AFDC Worker must review all cases in which a finding of good cause has been made, except for those based on rape, incest, or serious harm, at each redetermination or whenever information is obtained that indicates a need to reconsider eligibility. Reverification of good cause shall not be required at redetermination or at any other time, unless information is obtained that indicates a need to reconsider eligibility for good cause. If grounds for good cause are rape, incest, or emotional problems, the Worker may inquire whether the recipient now wants to cooperate. If the AFDC Worker determines that circumstances have changed such that good cause no longer exists, or if the recipient wishes to cooperate, the Worker must rescind the findings and proceed to enforce the requirement.

303.740: Child Support Enforcement Unit Activities

It is the responsibility of the CSEU to attempt to locate absent parents and obtain current support obligations and any arrearages from parents who are delinquent in meeting such obligations. The following activities may be engaged in by the CSEU in its attempt to collect support:

- (A) When there is an outstanding probate court order that is not being complied with, the CSEU Worker may institute contempt proceedings in the probate court where the original action took place.
- (B) When there is an outstanding district court order, the CSEU may notify the appropriate probation department requesting enforcement thereof.
- (C) When there is no court order for support, the CSEU may try to locate the absent parent and negotiate a legally binding agreement. If this is not possible, the CSEU may establish the support obligation through court order by filing a complaint in the district court or, when appropriate, the probate court.

303.750: Cooperation in Obtaining Third-Party Liability Coverage for Medical Services

As a condition of eligibility, each applicant or recipient must cooperate with the Department in identifying and providing information that would assist the Department in pursuing any third-party liability for medical services unless he or she has good cause for not cooperating. The grounds for good cause for not cooperating are the same as those for Child Support, as specified in 106 CMR 303.731.

303.800: Ineligibility of Strikers

An individual who is participating in a strike is not eligible for AFDC. If an individual is participating in a strike on the last day of a calendar month, (s)he shall be considered to have been participating in a strike for the entire calendar month. Assistance which was paid for any month in which an individual was considered to have been on strike must be considered an overpayment and shall be treated in accordance with the provisions of Section 306.200, et seq. The amount of the overpayment shall be determined in accordance with subsection (C) below.

(A) Definition

A strike is any concerted stoppage of work by employees, including a stoppage by reason of the expiration of a collective bargaining agreement, or any concerted slowdown or other concerted interruption of operations by employees.

(B) Participation in a Strike

An individual shall be considered to be participating in a strike if (s)he is actively engaged in a concerted work stoppage, slow down or interruption, or if (s)he is honoring such an action by willful absence from his or her position or refusal, in whole or in part, to perform the duties of his or her employment.

(C) Sanctions

If the individual who is participating in a strike is a parent, or is the only child in the assistance unit, the entire assistance unit is ineligible. In all other instances, the individual participating in the strike is ineligible.

(D) Restoration of AFDC Benefits

At the termination of a strike, an otherwise eligible individual whose assistance was terminated or denied due to participation in a strike may request restoration of AFDC benefits or may apply for AFDC benefits. The individual must provide verification that the strike has ended. Acceptable verification shall be a written statement from either the collective bargaining representative or the employer.

SECTION

304.XXX

TABLE OF CONTENTS

| | |
|---------|---|
| 304.000 | Overview of Financial Eligibility |
| 304.010 | General Requirements for Financial Eligibility |
| 304.100 | Assets |
| 304.110 | Asset Limitation |
| 304.120 | Countable Assets |
| 304.125 | Inaccessible Assets |
| 304.130 | Joint Ownership of Assets |
| 304.140 | Noncountable Assets |
| 304.200 | Income |
| 304.210 | Types of Countable Income |
| 304.220 | Rules for Counting Income |
| 304.230 | Income from an Absent Parent |
| 304.235 | Income Deemed to the Filing Unit |
| 304.236 | Income from the Parent(s) of a Minor Parent(s) |
| 304.240 | Lump Sum Income |
| 304.250 | Noncountable Income |
| 304.260 | Income Test of Financial Eligibility |
| 304.270 | Work Related Expense Deduction |
| 304.275 | Dependent Care Deduction |
| 304.280 | Eligibility for the \$30 and One-Third Disregard and the \$30 Disregard |
| 304.290 | Verification and Determination of Income |
| 304.300 | Membership in the Assistance Unit and Filing Unit |
| 304.305 | Composition of the Assistance Unit |
| 304.310 | Composition of the Filing Unit |
| 304.315 | Failure to Cooperate |
| 304.320 | Optional Membership in the Assistance Unit |
| 304.330 | Circumstances Governed by Legal Support Obligations |
| 304.400 | Table of Eligibility Standards |
| 304.410 | Table of Need Standards |
| 304.420 | Table of Payment Standards |
| 304.500 | Calculation of the Grant Amount |
| 304.510 | Guide for Income-In-Kind |
| 304.600 | Payment of Grants |
| 304.610 | Minimum Monthly Payment |

Rev. 12/87

304.000: Overview of Financial Eligibility

In order to receive AFDC, an applicant or recipient must meet financial eligibility requirements as well as the requirements specified in Chapter 303: Categorical Requirements.

An applicant or recipient meets the financial eligibility requirements if he or she has assets and income at or below levels specified by the Department. The purpose of this chapter is to show how financial eligibility is established. The topics covered are:

- (A) Assets, Section 304.100;
- (B) Income, Section 304.200;
- (C) Membership in the Assistance Unit and Filing Unit, Section 304.300;
- (D) Eligibility, Need and Payment Standards, Sections 304.400, 304.410 and 304.420;
- (E) Calculation of the Grant Amount, Section 304.500; and
- (F) Payment of Grants, Section 304.600.

304.010: General Requirements for Financial Eligibility

There are two major elements in the determination of financial eligibility: an assets test and an income test. In order for the assistance unit to be eligible for AFDC, the combined assets and the combined income of the filing unit may not be above the limits specified by the Department.

The specific requirements of the test of financial eligibility are discussed in the following sections:

- (A) Sections 304.300, 304.305, and 304.310 provide the requirements for determining who is in the filing unit, who is in the assistance unit, and whose assets, income, and needs are to be considered in determining eligibility.
- (B) Section 304.100: Assets, provides the requirements for determining how assets are to be counted in the eligibility test.
- (C) Section 304.200: Income, provides the requirements for determining how income is to be counted in the eligibility test.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

- (D) Section 304.400: Table of Eligibility Standards and Section 304.410: Table of Need Standards provide the standards to which income is compared in the income eligibility test. Section 304.420: Table of Payment Standards provides the maximum amounts that may be received as a monthly grant.

The remaining sections provide the requirements for calculating and paying the grant once eligibility has been established.

304.100: Assets

Assets are objects of value, other than income as defined in Section 304.240, such as personal property, real estate, vehicles, the cash surrender value of life insurance, cash, bank deposits, and negotiable securities. Countable assets are all assets that are considered for eligibility determination. Noncountable assets are all assets that are exempt from consideration. All assets are considered countable unless inaccessible in accordance with Section 304.125 or noncountable in accordance with Section 304.140.

304.110: Asset Limitation

In order for the assistance unit to be eligible for assistance, the combined assets of the filing unit may not exceed \$1,000.

The dollar value of an asset shall be its equity value. An asset's equity value is its fair market value minus any legal encumbrances or obligations.

304.120: Countable Assets

Assets that shall be considered in determining financial eligibility include but are not limited to:

(A) Cash

(1) Definition

Currency, checks, or bank drafts, in the possession of, or available to, the filing unit, are countable assets.

(2) Verification

The amount of cash shall be counted at application, redetermination and when a change is reported.

The grantee-relative's declaration on the application/redetermination form stating the amount of cash available to the filing unit shall be sufficient evidence.

(B) Bank Deposits(1) Requirement

Bank deposits are deposits in a bank, savings and loan institution, credit union, or other financial institution. Bank deposits may be in the form of savings, checking, trust accounts, term certificates, or other types of accounts.

Funds in a bank account shall be considered to be available only where and to the extent that a member of the filing unit has both ownership of and access to such funds. The determination of ownership of and access to funds in a bank account shall be made in conformity to Massachusetts State law, including common law.

(2) Joint Accounts

If a member of the filing unit is a co-holder of a joint bank account, the entire amount on deposit shall be considered available as an asset unless the member of the filing unit demonstrates otherwise.

A member of the filing unit who states that he or she is not the owner, or is only partial owner, of the funds shall be required to demonstrate the ownership of the funds. A member of the filing unit who states that he or she has no access, or only partial access to the funds, shall be required to demonstrate such lack of access.

(3) Verification of Access to and Ownership of Bank Deposits

If lack of either access to or ownership of the funds in the account is verified, the funds shall not be considered available as an asset.

Verification that a member of the filing unit lacks access to and ownership of the funds may be demonstrated by the member of the filing unit having his or her name removed from the account. If the member of the filing unit cannot remove or chooses not to remove his or her name from the account then lack of either access or ownership must be verified.

- a. Prior to determining lack of ownership, there shall be a determination of whether the member of the filing unit has access to the account (See 304.125: Inaccessible Assets). If lack of access is demonstrated, the funds are not available.

If the verification submitted does not demonstrate lack of access, the worker shall proceed to determine ownership.

- b. Verification that the member of the filing unit lacks ownership of, or has only partial ownership of, the funds in the account shall be demonstrated by at least two of the following:
 1. Documents showing the origin of the funds, who opened the account, or whose money was used to open the account;
 2. Documentation through federal or state tax records as to which of the joint account holders declares the tax on the interest credited to the account as income;
 3. Records of who makes deposits and withdrawals and, if appropriate, of how withdrawn funds are spent;
 4. Any reasonable evidence of written or oral agreements made between the parties listed on the account or by someone who established or contributed to the account, with respect to the ownership of the funds in the account.
 5. When the member of the filing unit states that he or she does not own the account but is listed as a co-holder solely as a convenience to the other co-holder to conduct bank transactions on his or her behalf, evidence of the age, relationship, physical or mental condition, or place of residence of the co-holder shall be provided;
 6. Evidence as to why the member of the filing unit is listed on the account;
 7. A signed, notarized statement from the member of the filing unit and from at least one of a) other individuals listed in the joint account, or b) a person who established or contributed to the account, stating that the member of the filing unit had no knowledge of the existence of the account; or
 8. If only one of the above is available and if the other individual(s) listed on the account or who had established or contributed to the account, is unavailable or is unable or unwilling to provide a statement, the second proof may be a signed statement from the member of the filing unit attesting under penalties of perjury as to the ownership of funds in the account.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

(3 of 9)

Page 304.120

A document or piece of evidence submitted to verify a particular fact shall not count as more than one verification under the above subsections. However, a document, piece of evidence or a statement may address more than one fact needed for verification.

If a member of the filing unit would be required to pay to obtain documents or other verification and no other method of verification is available, the Department, if it determines the document is necessary, shall obtain the documents.

(4) Verification of Account Balances

Verification of the current balance of each account is mandatory at application, at redetermination, and at times of reported change.

The amount on deposit shall be verified by bank books or bank statements that show the bank balance within 45 days of the date of the application or redetermination interview.

If at redetermination, a member of the filing unit declares a balance of \$25 or less in an account, other than a checking account, verification shall not be required provided a balance of \$25 or less was verified for the same account at the last eligibility determination, and the account balance, in combination with other assets, would not affect continued eligibility of the assistance unit. The member of the filing unit's declaration shall be recorded in the case record.

(C) Individual Retirement Accounts, Keogh Plans and Pensions

(1) Requirement

An Individual Retirement Account (IRA) is a tax deductible savings program that sets aside money for retirement. Funds in an IRA are counted as an asset in their entirety less the amount of penalty for early withdrawal.

A Keogh Plan is a retirement plan established by a self-employed individual. A Keogh Plan may be established for the self-employed individual alone or for the self-employed individual and his or her employees. If the Keogh Plan was established for the self-employed individual alone, the funds in the Plan are counted as an asset in their entirety less the amount of penalty for early withdrawal. If the Keogh Plan was established for employees who are not members of the filing unit as well as for the self-employed individual, the funds are not counted as an asset.

Trans. by S.L. 818

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

(4 of 9)

Page 304.120

Pensions funds are retirement plans established by employers to provide benefit payments to their employees upon retirement or disability. Pension funds that are being set aside by an individual's current employer shall not be countable as an asset. Pension funds from an individual's former employer shall be countable in their entirety less any penalties for withdrawal, provided that such funds are accessible. (See Section 304.125 Inaccessible Assets.)

(2) Verification

Verification of the current value of the IRA, Keogh Plan or pension is mandatory at application, redetermination and when a change is reported.

The amount of the funds available to members of the filing unit shall be verified by a written statement from the financial institution or employer, dated within 45 days of the date of the application or redetermination interview.

(D) Securities(1) Requirement

Stocks, bonds, options, futures contracts, debentures, mutual and money market fund shares, government, bank, corporate or promissory notes, and other financial instruments are countable assets. Tradeable securities are valued at the most recent closing bid price, and non-tradeable securities are valued at current equity value. A security for which there is no market or which is inaccessible in accordance with Section 304.125 shall be noncountable.

(2) Verification

Verification of the current value of each security is mandatory at application, redetermination, and when a change is reported. The number of securities owned shall be substantiated by the written statement of the grantee-relative.

Any one (1) of the following shall be sufficient verification of the value of a security:

- a. a statement from the individual, corporation, licensed stockbroker, bank or government agency that issued the security.
- b. a clipping from a current daily newspaper showing the date and closing bid price.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

c. a statement from any bank or other financial services institution able to verify the current value of a particular security.

d. documentation from a current financial publication.

A claim that a particular security has no market value shall be verified by one of the above.

A claim that a particular security is inaccessible shall be verified in accordance with Section 304.125: Inaccessible Assets.

(E) Cash Surrender Value of Life Insurance Policies

(1) Requirement

The total cash surrender value of all life insurance policies is a countable asset. The cash surrender value of a life insurance policy is the amount the issuing company has agreed to pay the owner of the policy upon its cancellation.

(2) Verification

The verification of the cash surrender value (CSV) of all life insurance policies is mandatory at application and at times of reported change. Cash surrender value shall also be reverified at least once a year.

Cash surrender value shall be verified by the Table of Loan and Cash Surrender Value amounts located on the actual policy, or by a written statement from the issuing company or its representative. If the total cash surrender value of all policies owned by the filing unit, combined with the value of all other countable assets, is within \$150 of the asset limit, or, if the policy is paid up or has been in effect longer than the number of years covered by the table, verification of the CSV must be obtained from the issuing company or agent.

(F) Burial Insurance

(1) Requirement

The cash surrender value of a burial insurance policy is a countable asset.

(2) Verification

The verification of the cash surrender value of burial insurance is mandatory at application and at times of reported change and shall be by the table of cash surrender values in the policy itself, or by a signed statement from the seller.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY(G) Vehicles(1) Requirement

The first \$1500 of the equity value of a vehicle is noncountable. Any equity value in excess of \$1500 is a countable asset.

The full equity value of all other vehicles owned by the filing unit (including vehicles that are used primarily for recreational purposes such as snowmobiles, boats, trailers, jeeps, vans and motorcycles) shall be countable. When the filing unit owns more than one (1) vehicle, the \$1500 equity limit shall be applied to the vehicle having the greatest equity value, provided it is used primarily for the transportation of the filing unit.

(2) Verification

The equity value and fair market value of all countable vehicles shall be verified at application and when another vehicle is acquired. Equity value and fair market value shall also be verified at redetermination if the Department has reason to believe that the value has increased or changed so that, combined with other assets, the value affects or may affect continued eligibility.

a. Equity Value

Equity value is determined by subtracting the balance of any liens or legal encumbrances from the fair market value.

The balance of an outstanding lien or legal encumbrance shall be verified by the payment book or a statement from the bank, finance company, or lender showing the payment schedule and the outstanding balance.

b. Fair Market Value

Fair market value is the price for which the vehicle will sell on the open market.

The fair market value shall be verified by one of the following and in the following order of preference.

1. the wholesale value (for cars and trucks) and finance value (for recreational vehicles) tables in the most recent vehicle valuation book used by the Department; or
2. the low value in an older car valuation book (for cars and trucks); if the car or truck is too old to be listed in an older car valuation book, it shall be assigned a value of \$250; or

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

(7 of 9)

Page 304.120

3. the written appraisal of a licensed automobile dealer who deals with classic, custom-made or antique vehicles, if the vehicle is considered a classic, custom-made, or antique; or
4. for recreational vehicles, the projected loan value as quoted by a bank or other lending institution; or documents showing the value of the vehicle for insurance purposes; or a written estimate of the cash value of the vehicle from a licensed recreational vehicle dealer.

If a vehicle is specially equipped with apparatus for the handicapped, has low mileage, or has other optional equipment, these factors shall not increase the value of the vehicle.

If the fair market value, as determined in items 1 through 4 above, in combination with other assets, exceeds the AFDC asset limitation, the Department shall notify the household of the method by which the value was determined and the procedures to rebut the valuation.

The valuation assigned by the Department may be rebutted by submitting evidence such as the written estimate of a licensed automobile dealer; at least two current newspaper advertisements showing the amount for which similar vehicles are being sold; or a more recent and/or different vehicle valuation book.

c. Ownership

When joint ownership by two or more persons is claimed, verification of ownership of the vehicle shall be mandatory at application and when a change regarding joint ownership of vehicles is reported. Ownership and distribution of ownership shall be determined and verified in accordance with Section 304.130 unless all of the owners are members of the filing unit or the countable value of the asset, in combination with other assets, is within the AFDC asset limitation.

(H) Real Estate (Other Than the Home)

(1) Requirement

The equity value of all real property owned by a member(s) of the filing unit other than the principal place of residence and the land on which it rests, shall be a countable asset except as specified in subsection 304.140(0).

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

(8 of 9)

Page 304.120

Equity value is the fair market value less encumbrances.

Fair market value is the price for which the real property will sell on the open market in the geographic area involved, taking into consideration the size, location, condition and other factors affecting the property's value.

(2) Verification

The fair market value and equity value of all countable real estate owned by the filing unit shall be verified at application, and at times of reported change when it affects or may affect eligibility.

Fair market value shall be verified by a copy of the most recent tax bill or the property tax assessment that was most recently issued by the taxing jurisdiction provided that this assessment is not:

- (a) a special purpose assessment;
- (b) based on a fixed rate per acre method; or
- (c) based on an assessment ratio or providing only a range.

If the lender(s) is an organization, the verification of encumbrances or legally enforceable obligations on the property shall be a copy of loan instruments or other binding documents that evidence the outstanding balance of the loan. If the lender is an individual, the amount of the encumbrances or obligations shall be verified by either a copy of the loan instrument and a signed statement from the lender setting forth the payment schedule and outstanding balance of the loan, or other document that evidences the outstanding balance of the loan.

In the event that a current property tax assessment is not available or the grantee-relative wishes to rebut the fair market value determined by the Department, a comparable market analysis or a written appraisal of the value of the property from a knowledgeable source shall establish the fair market value. A knowledgeable source shall be a licensed real estate agent or broker; a real estate appraiser; bank, savings and loan association or similar lending organization; or an official of the local real property tax jurisdiction. The grantee-relative shall be informed in writing of procedures to rebut the Department's fair market value determination. The grantee-relative can rebut the fair market value determined by the Department at any time by presenting a new appraisal that reflects changes in the property and/or the market for the property.

Trans. by S.L. 877

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 9/89

(9 of 9)

Page 304.120

(I) Income Tax Refunds(1) Requirements

Income tax refunds, except for the portion, if any, that is received as an Earned Income Credit, shall be considered a countable asset and noncountable as income.

(2) Verification

An income tax refund shall be verified at the time of receipt by one of the following:

- (a) a copy of the check or payment document; or
- (b) a written statement from the agency making the payment; or
- (c) a copy of the tax return.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY304.125: Inaccessible Assets(A) Requirements

An inaccessible asset is an asset to which the individual has no ready access and is not counted when determining eligibility for AFDC.

- (1) Inaccessible assets include, but are not limited to, property the ownership of which is the subject of legal proceedings and irrevocable trust funds.
- (2) Any funds in a trust, and the income produced by that trust to the extent it is not available to the assistance unit, shall be considered inaccessible to the assistance unit if all of the conditions listed below are met by the trust arrangement.
 - (a) No assistance unit member has the power to revoke the trust arrangement or change the name of the beneficiary.
 - (b) The trustee administering the trust is either (1) a court or an institution, corporation, or organization that is not under the direction or ownership of any assistance unit member; or (2) an individual appointed by the court who has court imposed limitations placed on his or her use of the funds; or (3) an individual whose responsibilities are governed by the terms of the irrevocable trust and who is not under the direction or control of any assistance unit member(s).
 - (c) Trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of an assistance unit member.
- (3) All assets to which the applicant or recipient is legally entitled shall be considered accessible to the applicant or recipient
 - (a) from the date of application or acquisition, whichever is later, if the applicant or recipient does not meet the condition specified in 106 CMR 304.125(A)(3)(b); or
 - (b) from the period beginning six months after the date of application or acquisition, whichever is later, if the applicant or recipient is incapable of competently representing his or her own interests, has no guardian or conservator capable of representing the applicant's or recipient's interests, and the representative (who may be a provider) of such applicant or recipient is making a good faith effort to secure the appointment of a competent guardian or conservator.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY(B) Verifications

Verification of inaccessibility of an asset is mandatory at application or whenever circumstances regarding the accessibility of the asset have changed. The following documents may be used, as appropriate, to verify inaccessibility:

- (1) A copy of the original legal instrument that established the inaccessibility of the asset;
- (2) Relevant legal or financial statements that document the inaccessibility of the asset, if the original instrument is not available;
- (3) Documents showing how the holder's name(s) appears on a bank account or security.
 - (a) If the account is titled A or B, both individuals have full access to the account;
 - (b) If the account is titled A and B, neither individual has access to the account without the consent of the co-holder. The applicant or recipient must submit a written statement from the co-holder denying such consent. If the applicant or recipient is unable to obtain the written statement of the co-holder, he or she may submit an affidavit stating that he or she does not have the co-holder's consent.
 - (c) If the account is titled A in trust for B, or A for B, A has full access to the account and B has no access to the account;
 - (d) If the account title contains only one name, the individual has full access to the account.
- (4) A copy of the trust or other legal document that verifies that it is an irrevocable trust and it meets all of the conditions specified in 106 CMR 304.125(A)(2);
- (5) A written statement from a competent medical authority verifying that, and describing the medical reason(s) why,
 - (a) the applicant or recipient is incapable of competently representing his or her own interests; or
 - (b) the guardian or conservator, if any, is incapable of competently representing the applicant's or recipient's interests.

If an applicant or recipient demonstrates lack of ownership, inaccessibility to the asset, or both, the asset is not considered in the determination of eligibility.

Trans. by S.L. 818

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

Page 304.130

304.130: Joint Ownership of Assets(A) Definition

Any asset, other than a bank account, jointly owned by two or more persons is considered to be owned in equal shares unless a different distribution of ownership is verified. If joint ownership exists, only that portion of the asset owned by persons included in the filing unit is countable. See Subsection 304.120(B) for treatment of joint bank accounts.

(B) Verification

Documents that verify other than equal ownership include, but are not limited to, titles, purchase contracts, or other certificates of ownership.

304.140: Noncountable Assets

The following are not countable assets for AFDC purposes. Their possession has no effect on eligibility:

- (A) Highway Relocation assistance payments, Urban Renewal Assistance payments, disaster relief payments used for relocation, and payments from private agencies used for relocation;
- (B) The filing unit's home and the undivided land on which it rests;
- (C) First \$1,500 of equity value of one automobile;
- (D) Household belongings such as furniture, appliances, household decorations, linens and cookware; personal belongings such as jewelry, books and toys, even if of more than usual value;
- (E) Property to which the filing unit has no ready access, such as property, the ownership of which is the subject of legal proceedings (probate, divorce suits, etc.), and irrevocable trust funds;
- (F) Home produce grown or preserved by the filing unit for its own consumption;
- (G) Food Stamps;

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

- (H) A loan verified by a written document, signed by the borrower, that expresses the borrower's intent to repay;
- (I) Any grant, including, but not limited to, scholarships the terms of which preclude its use for current maintenance;
- (J) Any grant or loan to an undergraduate student for educational purposes made or insured under any program administered by the U.S. Commissioner of Education (these include the Basic Educational Opportunity Grants, National Student Loans, and Supplemental Educational Opportunity Grant);
- (K) Assets of any member of the household:
 - (1) who receives Supplemental Security Income (SSI) payments;
 - (2) for whom state and/or federal foster-care maintenance payments are made, including the child of the foster child when the foster-care maintenance payment includes the child; or
 - (3) for whom state and/or federal adoption assistance is provided except when the person is included as a member of the assistance unit in accordance with 106 CMR 304.305(E)(3);
- (L) Lands held in trust for Native Americans;
- (M) Property purchased with payments made to Native Americans under Public Laws 92-254, 93-134, 94-540 and 94-114;
- (N) For each member of the Assistance Unit:
 - (1) one burial plot, and
 - (2) the value of a prepaid funeral arrangement, not to exceed \$1,500;

A prepaid funeral arrangement may include a contract with a funeral director or a separately identifiable trust fund. Use of any portion of this asset for any purpose other than funeral or burial arrangements shall render the balance of the asset countable under the provisions of 106 CMR 304.120.

- (O) Real Estate that is not the principal residence of the assistance unit, but which the assistance unit is making a good faith effort to sell, provided:
 - (1) the owner of the real estate signs an agreement on a form specified by the Department to repay from the net proceeds of the sale the amount of AFDC benefits received while the real estate was owned by the assistance unit. The amount of the repayment shall be the net proceeds from the sale or the amount of AFDC benefits paid, whichever is less. The net proceeds of the sale, when added to all other countable assets at the time of the sale, must exceed \$1000 for repayment to occur;
 - (2) the real estate may be excluded for no more than nine months from the date of the signing of the agreement specified in 106 CMR 304.140(0)(1).

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

- (3) A good faith offer to sell shall be defined as an offer to sell at or about fair market value by methods including, but not limited to, listing with a licensed real estate salesperson or through a newspaper or other type of advertisement.

The good faith offer must be verified. Verification shall be by a copy of a newspaper advertisement, letter from a licensed real estate salesperson, or other appropriate document(s).

- (4) If the assistance unit becomes ineligible during the nine-month period for categorical or financial reason(s) other than ownership of real estate, or if the assistance unit fails to sell the real estate at the end of nine months, assistance shall be terminated, and all AFDC benefits paid shall be treated as an overpayment.
- (5) A recipient who fails to report acquisition of a piece of real estate, other than that used as the principal residence, within 10 days of taking title to the real estate, has been overpaid between the date title was acquired and the date the ownership of the real estate was reported to the Department, provided that the equity value of the real estate when added to the total of all other countable assets exceeds \$1000. The Department must pursue recovery in accordance with 106 CMR 306.200 et seq.
- (P) Any portion of a Workers' Compensation, property damage, personal injury, Compensation to Victims of Violent Crimes Act, death settlement or award, except for compensation for lost wages, that is received as a reimbursement for specified item(s) and used to pay for such item(s). See 106 CMR 304.240(G) for verification.
- (Q) Property that is essential to employment or self-employment shall include, but is not limited to, work-related equipment such as tools of a tradesperson, machinery of a farmer, and property such as farm land. Income derived from such property shall be countable.
- (R) Earned income tax credits whether received as advance payments of earned income tax credits or as part or all of an income tax refund.
- (S) Payments to eligible individuals of Japanese ancestry or their survivors under the Civil Liberties Act of 1988 and payments to eligible Aleuts (who were former residents of the Aleutian and Pribilof Islands) or their survivors under the Aleutian and Pribilof Islands Restitution Act in accordance with Public Law 100-383.
- (T) Agent Orange Settlement Fund payments made to Vietnam veterans or their survivors, in accordance with Public Law 101-201, effective January 1, 1989.
- (U) The value of public-assistance check(s) for the remainder of the cyclical month of issuance. If any or all of the money from such check(s) is retained beyond the cyclical month of issuance, the amount of money retained becomes a countable asset, except as specified in 106 CMR 306.210 for the correction of an underpayment.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 9/89

Chapter 304
Page 304.200304.200: Income

Income may be countable or noncountable for determination of financial eligibility or calculation of the grant amount.

All countable income is considered on a monthly basis and is applied to the determination or redetermination of eligibility and calculation of the grant amount in the cyclical month in which it is actually received by the filing unit, except for cases subject to Monthly Reporting. See Section 302.900 et. seq. Amounts of income paid in other than monthly amounts must be converted to monthly amounts.

Except for cases subject to Monthly Reporting, the most current monthly income information provided to the Department is used as the basis for the grant calculation until information is received indicating a change in income or eligibility, or until a redetermination is due. If verified income information indicates an underpayment, an adjustment must be made promptly.

304.210: Types of Countable Income

The types of countable income generally are as follows:

(A) Earned Income

Earned income is income, in cash or in kind, earned through employment or self-employment. Earned income may be received as wages, salary, tips, commissions, or in kind. For employees, earned income is the total gross amount received.

With respect to self-employment, earned income is the total gross income less total business expenses. Business expenses do not include personal expenses, such as lunches and transportation to and from work. See Subsections (E) and (F) below for an explanation of income from real estate, roomers and boarders, and business expenses.

(B) Unearned Income

Unearned income is all income that a person does not earn by the application of his own efforts, or by the application of his own managerial skills. Unearned income includes, but is not limited to:

- (1) Dividends;
- (2) Interest;
- (3) Unemployment Compensation payments;
- (4) Pensions;
- (5) Social Security (RSDI) benefits;

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 3/88

(1 OF 5)

Page 304.210

- (6) Veterans' benefits;
- (7) Contributions, except as provided in Section 304.120 and 304.250;
- (8) Certain income from real estate. See Subsection (E) below.

(C) In-Kind Income

In-kind income is income in any form other than money. It may consist of a share of crops, free services, free rent, free utilities, clothing, or food, but it is not necessarily limited to these. It may be earned or unearned.

For purposes of financial eligibility and calculation of the grant amount, shelter (including rent, mortgage, fuel, or utilities) and food provided at no cost to the applicant or recipient shall be valued at the Department's standard value. See Section 304.510.

(D) Deemed Income

- (1) The income, excluding the types of noncountable income listed in Section 304.250, of the following persons, who live in the same household with the assistance unit, is deemed to the filing unit in determining eligibility and the amount of the grant in accordance with Subsections 304.235 (A), (B), and (D):
 - a. stepparents living with the natural or adoptive parent of the dependent child;
 - b. parent(s) of minor parents as defined in Section 304.236; and
 - c. persons who have a legal obligation of support as defined in Subsection 304.33C (B)(1) with the exception of the spouse of a pregnant woman as specified in (2) below.
- (2) The income and assets, excluding the types of noncountable income listed in Section 304.250 and the noncountable assets listed in Section 304.140, of the spouse of the otherwise eligible pregnant woman, and siblings of the unborn child, if any, who live in the same household, are deemed to the filing unit in determining eligibility in accordance with Subsections 304.235 (C) and (D) for income and in accordance with Section 304.110 for assets.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 3/88

(1 OF 5)

Page 304.210

- (6) Veterans' benefits;
- (7) Contributions, except as provided in Section 304.120 and 304.250;
- (8) Certain income from real estate. See Subsection (E) below.

(C) In-Kind Income

In-kind income is income in any form other than money. It may consist of a share of crops, free services, free rent, free utilities, clothing, or food, but it is not necessarily limited to these. It may be earned or unearned.

For purposes of financial eligibility and calculation of the grant amount, shelter (including rent, mortgage, fuel, or utilities) and food provided at no cost to the applicant or recipient shall be valued at the Department's standard value. See Section 304.510.

(D) Deemed Income

- (1) The income, excluding the types of noncountable income listed in Section 304.250, of the following persons, who live in the same household with the assistance unit, is deemed to the filing unit in determining eligibility and the amount of the grant in accordance with Subsections 304.235 (A), (B), and (D):
 - a. stepparents living with the natural or adoptive parent of the dependent child;
 - b. parent(s) of minor parents as defined in Section 304.236; and
 - c. persons who have a legal obligation of support as defined in Subsection 304.33C (B)(1) with the exception of the spouse of a pregnant woman as specified in (2) below.
- (2) The income and assets, excluding the types of noncountable income listed in Section 304.250 and the noncountable assets listed in Section 304.140, of the spouse of the otherwise eligible pregnant woman, and siblings of the unborn child, if any, who live in the same household, are deemed to the filing unit in determining eligibility in accordance with Subsections 304.235 (C) and (D) for income and in accordance with Section 304.110 for assets.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 3/88

(2 of 5)

Page 304.210

(E) Real Estate Income

- (1) When a recipient receives income from rented apartments or house, he or she shall be considered to be self-employed. This income can be earned or unearned.

The income is unearned if the property is managed by a rental agency that forwards a check to the recipient who has no specific responsibility for the income-producing property. This unearned income, less business expenses only, shall be considered in determining eligibility and the amount of assistance.

The income is earned if the recipient manages the property by collecting rents and providing services to maintain the income-producing property.

Deductions from unearned and earned income shall be allowed for all or part of certain business expenses as defined and explained below.

- (2) Business expenses include carrying charges, the cost of fuel and utilities provided to tenants, maintenance and repair costs. These expenses are explained as follows:

a. Carrying Charges

Current taxes less any abatements, betterment taxes, interest and principal payments on the mortgage, water bills, and fire insurance premiums. Carrying charges must be expressed as monthly amounts and must be verified.

b. Fuel and Utilities

The cost of fuel and utilities provided to tenants may be based on actual costs averaged on a yearly basis and expressed as a monthly amount or on projected monthly costs. If actual costs are used they must be verified. If projected amounts are used, verification shall be by a written statement of the projected costs from the applicant or recipient.

c. Maintenance and Repair Costs

Maintenance and repair costs of \$20 per month per rented unit may be routinely allowed. If the recipient shows documentation that the maintenance or repair costs exceed an average of \$20 per month, the excess amount shall be allowed in determining the amount of available income.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 3/88

(3 of 5)

Chapter 304
Page 304.210

- (3) If the recipient occupies an apartment in the same house from which he or she receives rental income, the business expenses shall be partially deducted in determining income in the following ways:
- a. If a two-family house, one-half the carrying charges will be allowed as a business expense; if a three-family house, two-thirds will be allowed, and so forth.
 - b. When the recipient provides his or her own heat and that of the tenants from a single heating unit, the fuel expense will be prorated as in item a. (above).
 - c. When a recipient provides his or her own utilities and that of the tenants from the same meter(s) the utility expenses shall be prorated as in item a. (above).
- (4) If the recipient occupies an apartment in the same house from which he or she receives rental income and he or she provides heat to the tenants from separate heating units or utilities from separate meters these expenses shall be totally deducted in determining income.
- If the recipient receives rental income from property in which he or she does not reside, the business expenses shall be totally deducted from the total rental income.
- (5) Work-related expenses are allowable as deductions from income that is earned by the rental of income property. The deductions for work-related expenses must be in accordance with Section 304.270, and the deductions for the \$30 and one-third disregard, if applicable, in accordance with Section 304.280.

(F) Roomer and Boarder Income

When an applicant or recipient provides a room or room and board in his or her home or rented dwelling to a person not included in the assistance plan, he or she shall be considered to be self-employed. The amount received from the roomer or boarder, less the applicable business expenses specified in (1), (2), or (3) below, shall be available gross earned income. The applicant or recipient shall be informed that he or she may choose whether the standard or nonstandard business expenses are to be considered. However, if the applicant or recipient chooses the nonstandard business expenses, he or she must show documentation that the business expenses exceed the standard business expenses.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 9/88

(4 of 5)

Chapter 304
Page 304.210

- (1) The standard business expenses that shall be allowed are:
 - a. 25% of the income from roomers;
 - b. 75% of the income from boarders.
- (2) The nonstandard business expenses (explained below) shall be allowed for an applicant or recipient who owns his or her own home and who can show documentation that these business expenses exceed the standard business expenses.
 - a. The business expenses include carrying charges, the cost of fuel and utilities, maintenance and repair costs, the cost of laundry or cleaning or both, and the cost of meals for boarders as explained below:
 - i. Carrying charges include current taxes less any abatements, betterment taxes, interest and principal payments on the mortgage, water bills, and fire insurance premiums. Carrying charges must be verified and expressed in monthly amounts.
 - ii. The cost of fuel and utilities provided to the tenants may be based on actual costs averaged on a yearly basis and expressed in monthly amounts or on projected monthly costs. If actual costs are used they must be verified. If projected costs are used, verification shall be by a written statement from the applicant or recipient.
 - iii. Maintenance and repair costs of \$20 per month per roomer or boarder may be routinely allowed. If the applicant or recipient can show documentation that the maintenance or repair costs exceed an average of \$20 per month, the excess amount shall be allowed.
 - iv. The monthly cost of laundry or cleaning or both provided to the roomer or boarder as part of the room or board arrangement shall be verified by a written statement from the applicant or recipient.
 - v. The monthly cost of meals provided to a boarder shall be verified by a written statement from the applicant or recipient.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 3/88

(5 of 5)

Chapter 304

Page 304.210

- b. The business expenses in (i.) (ii.) and (iii.) under paragraph (a) above, shall be prorated in the following manner and deducted to determine the income from a roomer or a boarder.
 - i. If there is one roomer or boarder, one-half the carrying charges shall be allowed as a business expense; if there are two roomers or boarders, two-thirds shall be allowed, and so forth.
 - ii. The heat and utility expenses shall be prorated as in i. (above).
 - iii. The maintenance and repair costs shall only be prorated as in i.(above) if the applicant or recipient documents that the average exceeds the \$20-per-month allowance.
- (3) The nonstandard business expenses (explained below) shall be allowed for an applicant or recipient who resides in a rented dwelling and who can show documentation that these business expenses exceed the standard business expenses.
 - a. The business expenses include the rental charge, the cost of fuel or utilities or both, if paid separately from the rental charge, the cost of laundry or cleaning or both, and the cost of meals for boarders as explained below:
 - i. The rental charge for the rented dwelling. The rental charge must be verified and expressed in monthly amounts.
 - ii. The costs for fuel or utilities or both must be verified if either or both these costs are the responsibility of the applicant or recipient as a separate charge in addition to the rental charge. The costs may be based on actual costs averaged on a yearly basis and expressed in monthly amounts or on projected costs. If actual costs are used, they must be verified. If projected amounts are used, verification shall be by a written statement of the projected costs from the applicant or recipient.
 - iii. The monthly cost of laundry or cleaning or both provided to the roomer or boarder as part of the room or board arrangement shall be verified by a written statement from the applicant or recipient.
 - iv. The monthly cost of providing meals to a boarder shall be verified by a written statement from the applicant or recipient.

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AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITYChapter 304
Page 304.220

Rev. 3/88

- b. The business expenses in (i) and (ii) under paragraph (a) above shall be prorated in the following manner and deducted to determine the income from a roomer or a boarder.
 - i. If there is one roomer or boarder, one-half the rental charge shall be allowed as a business expense; if there are two roomers or boarders, two-thirds shall be allowed, and so forth.
 - ii. The heat or utility expenses or both, if the applicant or recipient is responsible for either or both these costs, shall be prorated as in i. (above).
- (4) The applicant or recipient who receives income from a roomer or boarder shall be allowed the work-related expense deduction in accordance with Section 304.270 and the \$30 and one-third disregard or the \$30 disregard, if applicable, in accordance with Section 304.280.

304.220: Rules for Counting Income

In general, income that is countable in determining whether an assistance unit is eligible for AFDC is also countable in determining the amount of its grant.

There are, however, several exceptions to the usual method of counting income. These exceptions are explained in the sections that follow. In summary, they are the following:

- (A) Income from an absent parent that is received directly by the applicant or recipient or paid directly to the Department except for the first \$50 received in any month is countable in determining eligibility but not in determining the amount of the grant. (See Section 304.230: Income from an Absent Parent.)

Rev. 12/87

- (B) A payment that represents accumulated recurring income, such as a retroactive Social Security check, is countable as monthly income according to special rules (see Section 304.240: Lump Sum Income). As described in 304.120(I), other kinds of one-time lump sum payments are counted as assets rather than as income.
- (C) Section 304.280 describes circumstances under which certain portions of earned income are not countable either in determining or redetermining eligibility or in calculating the grant.

304.230: Income From an Absent Parent

Income from an absent parent that is received directly by the applicant or recipient or paid directly to the Department except for the first \$50 received in any month is countable in the 185% test and in determining whether the monthly income of a filing unit exceeds the Need Standard for the number of persons in the assistance unit (see Section 304.260). If it does not, and the assistance unit meets all other applicable eligibility requirements, the income from the absent parent must be paid directly to the Department.

304.235: Income Deemed to the Filing Unit(A) Income Available to the Filing Unit

That portion of the monthly income (both earned and unearned) of a person(s) as defined in Subsection 304.210(D)(1) living in the same household as the dependent child, that exceeds the sum of the following, shall be deemed to be available as unearned income to the filing unit on a monthly basis:

- (1) An amount equal to the person's monthly work-related expense deduction that would be applied to the person's monthly earned income in accordance with Section 304.270; and
- (2) An amount equal to the Need Standard for a family composed of: (a) the person and (b) those individuals living in the same household who are or could be claimed as dependents for his or her federal personal income tax liability, and who are not required to be included in the AFDC filing unit; and
- (3) The monthly amounts actually paid by the person to individuals not living in such household, if the person claimed, or could have claimed such individuals as dependents for federal personal income tax liability; and
- (4) Actual monthly payments by the person of alimony or child support, to individuals not living in the same household, when these payments do not duplicate those payments in (3), above.

(B) Verification(1) Earned and Unearned Income

The person's monthly earned and unearned income shall be verified in accordance with Section 304.290 with the exception that a person, not subject to Monthly Reporting, shall also be required to verify earned income from wages and unearned income at redetermination. Earned Income Credit that the person receives shall be treated in accordance with 304.290. Changes in the person's earned and unearned income shall be reported to the Department within 10 days.

(2) Living Arrangement

The living arrangement of the person's household shall be verified in accordance with Section 303.230.

(3) Work-Related Expenses

The work-related expense deduction shall be in accordance with Section 304.270.

(4) Individuals Claimed as Dependents

The number of individuals claimed as dependents for federal personal income tax purposes shall be verified by one of the following:

- a. A copy of the most recent federal income tax return; or
- b. A copy of the most current W-4 federal income tax withholding form if the person is not self-employed.

(5) Individuals Living in the Person's Household Who Could Have Been Claimed as Dependents

If the person could have claimed certain individuals living in his or her household as dependents for federal personal income tax purposes, but did not do so, the person shall submit the following verifications:

- a. A signed and dated statement listing the additional individuals claimed to be dependents, but who are not listed on his or her most current tax return or W-4 form; and
- b. An affidavit signed by the person that he or she is providing over 50% of the support for each dependent listed in the signed and dated statement required in (B)(5)(a), above.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY(6) Individuals Not Living in the Person's Household Who
Could Have Been Claimed as Dependents

If the person could have claimed certain individuals not living in his or her household as dependents for federal personal income tax purposes, but did not do so, the person shall submit the following verifications:

- (a) a signed and dated statement listing the names, social security numbers and addresses of those individuals maintaining a residence outside the person's household, who could have been claimed as dependents for federal personal income tax purposes; and
- (b) an affidavit signed by the person that he or she is providing over 50% of the support for each dependent listed in the signed and dated statement required in (B)(6)(a) above; and
- (c) canceled personal or bank checks or money orders signed by the person and made payable to a dependent listed in (B)(6)(a) above, or to the dependent's natural or adoptive parent or legal guardian, or made payable to a party who signs a dated statement that the check or money order was in payment for goods or services provided to the dependent; or
- (d) if the items specified in (c) above are unavailable, an affidavit signed by the person verifying the amount of the cash payment to the dependent listed in B(6)(a) above, or to the dependent's natural or adoptive parent or legal guardian.

(7) Amount of Alimony or Child Support

Four consecutive payments of alimony or child support paid immediately prior to application or redetermination shall be verified in accordance with (B)(6) above, or if appropriate, by records of the Child Support Enforcement Unit (CSEU).

(C) Income Deemed to a Pregnant Woman

The following persons living with an otherwise eligible pregnant woman must be included in the determination of the eligibility of the pregnant woman:

- (1) the pregnant woman;
- (2) the unborn child;
- (3) the spouse, if any;
- (4) the siblings of the unborn child, if any, who are themselves dependent children (see Section 301.600).

The income of the above mentioned persons must be included in the 185% Test of Eligibility and the Second Test of Eligibility. The grant amount is determined using an assistance unit of one and only the income of the pregnant woman.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY(D) Failure To Cooperate

If the income of the filing unit cannot be determined because of the failure or refusal by a person to cooperate in providing the required verifications, the assistance unit shall be ineligible, and assistance shall be denied or terminated. The worker shall provide assistance in obtaining verifications in accordance with 106 CMR 302.310.

304.236: Income from the Parent(s) of a Minor Parent(s)(A) Definitions

For purposes of (B) below, wherever the words "Parent" and "Minor Parent" appear, the following definitions shall apply:

- (1) Parent - A parent is a natural or adoptive parent of a minor parent(s).
- (2) Minor Parent - A minor parent is a person under age 18 who is living with his or her parent and who is either:
 - (a) a natural or adoptive parent of a dependent child; or
 - (b) a pregnant woman who has no children receiving AFDC.

(B) Requirement

Whenever an application is made on behalf of a dependent child living in the same household as his or her minor parent(s) and the parent(s) of the minor parent(s), the income from the parent(s) of the minor parent(s) shall be deemed to the filing unit in accordance with 106 CMR 304.235 (A), (B), and (D).

NOTE: Failure of the natural or adoptive parent(s) to support a pregnant woman or parent(s) under age 18 living outside the home of the natural or adoptive parent(s) must be referred to the Child Support Enforcement Unit.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 9/89

Chapter 304
(1 of 5) Page 304.240304.240: Lump Sum Income(A) Definition

- (1) Income is considered to be lump sum when it is otherwise countable according to the provisions of this chapter and when it is received as a one-time, nonrecurring payment. Exclusions from the lump sum income provisions are specified in (B) below.
- (2) Lump sum income may be either earned or unearned income in accordance with Section 304.210 Types of Countable Income. This does not include contractual salaries. (See Section 304.290.)
- (3) Lump sum income includes, but is not limited to, the following types of income:
 - (a) Accumulation of retroactive income such as Railroad Retirement, Federal Veteran's Benefits, Worker's Compensation that represents loss of income, retroactive Social Security payments, Unemployment Compensation, retroactive wages, and/or compensation for lost wages received under the Compensation to Victims of Violent Crimes Act.
 - (b) Other payments in the nature of a windfall, such as lottery winnings, inheritances, settlements and awards, that are not totally or partially received as a reimbursement for specified item(s) and used to pay for such item(s). Whatever portion of the lump sum income that is received as a reimbursement for a specified item(s) and used to pay for such item(s) shall be considered a noncountable asset. (See Section 304.140.)

(B) Exclusions From Lump Sum Income

The following types of lump sum income are excluded from the provisions of this section:

- (1) Lump sum income received by a stepparent, who is not a member of the assistance unit, is noncountable as lump sum income to the assistance unit.
- (2) Lump sum income that is noncountable in accordance with Section 304.250.
- (3) Reserved.
- (4) Any portion of a Worker's Compensation, property damage, personal injury, Compensation to Victims of Violent

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 12/88

Chapter 304
(2 of 5) Page 304.240

Crimes Act, or death settlement or award, except for compensation for lost wages, that is received as a reimbursement for specified item(s) and used to pay for such item(s) is excluded as an asset, in accordance with Section 304.140, or as income, in accordance with Section 304.250. See Subsection (G) below for verification.

- (5) The proceeds from the sale of an asset, such as the sale of the home in which the assistance unit lives, shall not be considered lump sum income but shall be considered the conversion of an asset to a cash asset. Such proceeds shall be considered an asset.
- (6) Any portion of the lump sum income that can be verified as having been used to pay for back bills resulting from the costs of day-to-day living expenses incurred while awaiting the receipt of the lump sum income. For purposes of this Subsection, day-to-day living expenses of the assistance unit shall include such costs as shelter, fuel, utilities, food, clothing, essential furniture and appliances, transportation, and health, education and employment-related expenses. See Subsection (G) below for verification.
- (7) Any portion of the lump sum income that is placed directly in an irrevocable trust before a member of the assistance unit has access to it and which otherwise meets the requirements of Section 304.125.

(C) Availability for Needs

Lump sum income, as specified in (A) above and not excluded in (B) above, received by a member of the filing unit shall be considered available income to meet the needs of all members of the assistance unit at the time of the receipt of the lump sum income for a specified period of ineligibility in accordance with Subsection (D) below.

(D) Calculation of Period of Ineligibility

- (1) The following calculation is used to determine eligibility or ineligibility due to lump sum income:
 - (a) add the filing unit's earned lump sum income to any other earned income received by the filing unit or deemed to the filing unit and deduct applicable disregards in accordance with Sections 304.270, 304.275 and 304.280. Add the result of this calculation to the filing unit's unearned lump sum income and any other countable unearned income received by the filing unit or deemed to the filing unit.
 - (b) If the total of (D)(1)(a) above is less than or equal to the appropriate Need Standard for the assistance unit, the assistance unit remains eligible and the income is deducted from the Need Standard.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 12/88

(3 of 5)

- (c) If the total of (D)(1)(a) above is greater than the appropriate Need Standard for the assistance unit, the assistance unit is ineligible.

(2) The period of ineligibility is determined as follows:

- (a) Divide the total income in (D)(1)(a) above by the appropriate Need Standard for the assistance unit. The result will be the number of months in the period of ineligibility.
- (b) Any remainder in (D)(2)(a) above shall be considered unearned income in the first month following the period of ineligibility and is deducted from the appropriate Need Standard for the assistance unit, provided there is a reapplication for assistance during that month.
- (c) The period of ineligibility begins with the first day of the cyclical month of receipt of the lump sum income. Any assistance received during the ineligibility period shall be considered an overpayment in accordance with Section 306.200 et. seq.

(E) Change in Circumstances

Once a determination of the period of ineligibility is made in accordance with Subsection (D) above, the period of ineligibility remains in effect for all members of the filing unit except in situations resulting in recalculation as specified in Subsection (F) below. Changes in income for members of the filing unit shall not alter the period of ineligibility for any of the members of the ineligible assistance unit.

A new member(s) to the assistance unit during the period of ineligibility, if otherwise eligible, shall receive a grant amount equal to the appropriate Need Standard less any countable deductible income during the remainder of the period of ineligibility.

(F) Situations Resulting in Recalculation

The period of ineligibility cannot be altered or recalculated for any member(s) of the ineligible assistance unit, except in the situations as described below. Recalculation can only be done retroactive to the month in which the event that caused the recalculation occurred. The ineligibility period may only be eliminated or shortened for the remaining months when:

- (1) The Standard of Need is increased or changed for the ineligible assistance unit;
- (2) The lump sum income was used to pay for medical

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 12/88

Chapter 304
(4 of 5) Page 304.240

expenses including health insurance premiums and medical treatment or services for members of the ineligible assistance unit to the extent that such payments were not covered by any health insurance or Medicaid; or

- (3) All or a portion of the lump sum income is unavailable to the ineligible assistance unit for reasons beyond the control of the ineligible assistance unit including, but not limited to, the following:
- (a) the income was lost or stolen or made unavailable to the assistance unit, without its permission, including income taken by a member(s) of the assistance unit who leaves the home; or
 - (b) the ineligible assistance unit is faced with a life-threatening circumstance, such as an inability to pay for day-to-day living expenses as specified in (B)(6) above due to dire financial need.

The assistance unit must establish that the lump sum income was or will be spent on day-to-day living expenses for the assistance unit.

The local welfare office director or designee must approve the recalculation or the denial of a recalculation.

(G) Verifications

- (1) Verification of lump sum income shall be by a document appropriate to the circumstances, such as:
- (a) a copy of the benefit or award letter;
 - (b) a copy of the check or payment document;
 - (c) a written statement from the agency or person making the payment;
 - (d) a written statement from the agency, person making the payment, or attorney representing the client, that states what specific item(s) are being reimbursed as part of the lump sum payment if the lump sum payment includes reimbursement for specific item(s); and receipts from the assistance unit that verify the payment for the specific item(s); or

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 12/88

Chapter 304
(5 of 5) Page 304.240

- (e) if all or a portion of the lump sum income is to be excluded because it has been used to pay back bills for day-to-day living expenses as specified in (B)(6) above, verification shall include (1) receipts for payment of the day-to-day living expenses; and/or (2) written statements from the person or entity to whom the payment was made for such day-to-day living expenses; or (3) if receipts or the statements are unavailable for some of the day-to-day living expenses, a combination of (1), (2) and a written statement from a member of the assistance unit specifying the type(s) of day-to-day living expense, the amount paid, the person or entity to whom paid, and the approximate date of such payment(s).
- (2) Verification of situations resulting in recalculations shall be by one or more of the following:
 - (a) copies of paid medical bills, health insurance premium payments, or both;
 - (b) copy of the police report that the lump sum income was lost or stolen;
 - (c) any documentation that verifies that the lump sum income was made unavailable to the assistance unit without its permission, other than being lost or stolen;
 - (d) copies of the paid bills or receipts for the day-to-day living expenses when the ineligible assistance unit was faced with a life-threatening circumstance or when paid bills or receipts are not available for some of the day-to-day living expenses. a combination of paid bills and receipts and a written statement from a member of the assistance unit specifying the type of expense, the amount, the person or entity to whom paid and the approximate date of such payment(s);
 - (e) documentation of insurance payments or denial of insurance payments by the insurance company for items destroyed or damaged in a disaster, if appropriate.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY304.250: Noncountable Income

This section lists income that shall not be counted in either the test of financial eligibility or the calculation of the grant amount. Additional income that is not countable under certain circumstances but is countable under others is listed in 106 CMR 304.280. The following types of income are never countable:

- (A) All income of any member of the household:
 - (1) who receives Supplemental Security Income (SSI) payments;
 - (2) for whom state and/or federal foster-care maintenance payments are being provided, including the child of the foster child when the foster-care maintenance payment includes the child; or
 - (3) for whom state and/or federal adoption assistance is provided except when the person is included as a member of the assistance unit in accordance with 106 CMR 304.305(E)(3);
- (B) Reserved;
- (C) The cash value (face amount) of Food Stamps;
- (D) The cash value of USDA-donated Food Stamps or surplus commodities;
- (E) Payments under the Nutrition Program for the Elderly (Title VII of the Older Americans Act of 1965);
- (F) The value of assistance received under the Child Nutrition Act of 1966 and the National School Lunch Act;
- (G) Home produce for consumption by members of the filing unit and their families;
- (H) Expense allowances and weekly incentive payments of up to \$30 from the Department of Employment and Training;
- (I) Training stipends not to exceed \$120 monthly;
- (J) Incentive payments of \$30 per week or less received under a vocational rehabilitation program of the Massachusetts Rehabilitation Commission;
- (K) Reimbursement payments for education and/or training-related expenses received from participation in ET, in JTPA programs, or from other agencies and organizations that are nonduplicative of AFDC payments and are provided for specific goods or services. Such reimbursement payments include, but are not limited to, transportation allowances, child care costs, and the costs of books, supplies, or uniforms;
- (L) Any grant including, but not limited to, scholarships, the terms of which preclude its use for current maintenance;
- (M) Any grant or loan to an undergraduate student for educational purposes made or insured under any program administered by the U.S. Commissioner of Education;

- (N) Irregular or infrequent income, such as gifts, that cannot be reasonably projected over a period of time and that is less than \$30 per recipient in any quarter;
- (O) Experimental Housing Allowance Program payments made under contracts entered into prior to 1975;
- (P) Payments to, or reimbursement given to volunteers serving as foster grandparents, senior health aides, or senior companions, or serving in the Service Corps of Retired Executives, or in VISTA, or in any other program established under the Domestic Service Act of 1973;
- (Q) Funds distributed to, or held in trust for members of any Indian tribe pursuant to a judgment of the Indian Claims Commission;
- (R) The tax-exempt portions of payments made under the Alaska Native Claims Settlement Act;
- (S) Payments to Native Americans under Public Laws 92-254, 93-134, 94-114, and 94-540 including interest income from these payments. Property purchased with these funds is a noncountable asset (see Section 304.140);
- (T) Relocation payments as described in Section 304.140 (A);
- (U) Housing subsidies received under any Massachusetts or Federal housing program including utility allowances paid under such programs;
- (V) A loan verified by a written document, signed by the borrower, that expresses the borrower's intent to repay;
- (W) Work study income of undergraduate students under a federally-assisted work study program;
- (X) All earned income of a dependent child under age 14 (For the treatment of the earned income of a dependent child who is age 14 or older see Sections 304.260 and 304.500.);
- (Y) Foster Parent Payments made by any public or licensed private non-profit Child Welfare Agency;
- (Z) Supplemental Payments as described in Section 302.980;
- (AA) Cash contributions from a nonlegally responsible person(s) that:
 - (1) are restricted for a specific purpose; and
 - (2) provide for a portion of any of the needs specified in Section 304.510: Guide for Income-In-Kind or provide for needs not included in Section 304.510.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 6/90

Chapter 304
(3 of 3) Page 304.250

A contribution from a non-legally responsible person(s) that meets the entire cost of one or more of the needs specified in 106 CMR 304.510: Guide for Income-In-Kind is countable income and is deducted using the standard values in 106 CMR 304.510;

- (BB) Payments from the Home Energy Assistance Program;
- (CC) Assistance from other social service agencies or organizations that does not duplicate assistance received under AFDC;
- (DD) AFDC payments resulting from a correction of an underpayment or a fair hearing decision;
- (EE) Refunds from a utility company, landlord or other vendor that were originally from AFDC benefits, fuel assistance, or other noncountable income funds;
- (FF) Any portion of a Worker's Compensation, property damage, personal injury, Compensation to Victims of Violent Crimes Act, or death settlement or award that is spent for the purpose for which it was originally earmarked and is not compensation for lost wages;
- (GG) Up to the first \$50 in current child support or alimony received on the family's behalf and paid to the family in any month;
- (HH) Earned income tax credits whether received as advance payments of earned income tax credits or as part or all of an income tax refund;
- (II) Payments to eligible individuals of Japanese ancestry or their survivors under the Civil Liberties Act of 1988 and payments to eligible Aleuts (who were former residents of the Aleutian and Pribilof Islands) or their survivors under the Aleutian and Pribilof Islands Restitution Act, Public Law 100-383;
- (JJ) Agent Orange Settlement Fund payments made to Vietnam veterans or their survivors, in accordance with Public Law 101-201, effective January 1, 1989; and
- (KK) Money received from a loan secured by the equity in the home of an individual who is aged 60 or over (so-called "reverse mortgage").

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

(1 of 4)

Page 304.260

304.260: Income Test of Eligibility

Financial eligibility with regard to income is determined by two tests at application, redetermination and when a change in income is reported. The first test is used in all situations and is described below in (A): 185% Test of Financial Eligibility. For filing units whose income does not exceed 185% of the Need Standard for the assistance unit, the second test of financial eligibility is applied according to the provisions of (B) below.

(A) 185% Test of Financial Eligibility

- (1) The total income of the filing unit, excluding:
 - (a) the types of noncountable income listed in Section 304.250;
 - (b) the first \$50 of income from an absent parent received in any month (see Section 304.230); and
 - (c) the disregarded income in (2) belowmay not exceed 185% of the Need Standard in any month.
- (2) The disregard of earned income of a dependent child(ren) for a period of six months in a calendar year shall apply to:
 - (a) an applicant or recipient who is a dependent child(ren) and a full-time student; or
 - (b) an applicant or recipient who is a dependent child(ren) but who is not a student or is a part-time student and a part-time or full-time employee who is receiving earned income as a participant in a Job Training Partnership Act (JTPA) program.
- (3) The six months in a calendar year in which the earned income of a dependent child(ren) shall be disregarded shall commence with the first month in a calendar year in which the dependent child(ren) has earned income.
- (4) The dependent child(ren), if applicable, may have a six-month disregard in a calendar year of his or her earned income for the following situations:
 - (a) as a full-time student who is receiving earned income as a participant in a JTPA program; or
 - (b) as a full-time student whose earnings are received from non-JTPA employment; or
 - (c) a combination of (4)(b) and (2)(b) above.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

(2 of 4) Page 304.260

- (5) See Section 304.400: Table of Eligibility Standards for the amount to be used in this test. If the filing unit's income is in excess of the appropriate Eligibility Standard, the assistance unit is financially ineligible. If the filing unit's income is equal to or is less than the appropriate Eligibility Standard, the provisions of (B): Second Test of Financial Eligibility are applied.

(B) Second Test of Financial Eligibility

- (1) After applying the test described in (A): 185% Test of Financial Eligibility, a second test of financial eligibility shall be applied. The second test of financial eligibility shall be applied separately to the income of each individual in the assistance unit except for:
- (a) the support deduction that is applied to the assistance unit; and
 - (b) the earned income of a dependent child(ren) as specified in (2) below during the six months in a calendar year when the earned income of a dependent child(ren) shall be disregarded in the second test of financial eligibility.
- (2) The disregard of earned income of a dependent child(ren) in the assistance unit in the second test of financial eligibility shall apply:
- (a) always for a dependent child(ren) who is a recipient and:
 - (i) a full-time student; or
 - (ii) a part-time student who is a part-time employee.
 - (b) for a period of six months in a calendar year for a dependent child(ren) who is:
 - (i) an applicant who is a full-time student and is receiving earned income as a participant in a Job Training Partnership Act (JTPA) program; or
 - (ii) an applicant who is a full-time student and is receiving earnings from non-JTPA employment; or
 - (iii) an applicant or recipient who is not a student or is a part-time student and a full-time employee and is receiving earned income as a participant in a JTPA program.

The disregard of earned income of dependent child(ren) as specified in (a) above applies at the time that the applicant who is a full-time student becomes a recipient.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 2/86

(3 of 4) Page 304.260

- (3) The six (6) months in a calendar year for the disregard in the Second Test of Eligibility must be the same six (6) months used in 185% Test of Financial Eligibility in (A) above.
- (4) The dependent child(ren), if applicable, may have a six (6) month disregard in a calendar year of his/her earned income for the following situations:
- (a) an applicant and a full-time student who is receiving earned income as a participant in a Job Training Partnership Act (JTPA) program; or
 - (b) an applicant and a full-time student whose earnings are received from non JTPA employment; or
 - (c) a combination of (4)(b) and (2)(b) (iii) above.
- (5) If the individual is:
- (a) a recipient who has already received four (4) consecutive calendar months of the "\$30 and one-third disregard" (See Section 304.280); or
 - (b) an applicant who has received AFDC within the past four (4) calendar months and the individual has already received four consecutive calendar months of the "\$30 and one-third disregard" (See Section 304.280); or
 - (c) an applicant who has not received AFDC within the past four (4) calendar months, (See Section 304.280);
- then the Second Test of Financial Eligibility is the following:
- (i) subtract from gross earned income the types of non-countable earned income specified in 304.250;
 - (ii) subtract from each individual's remaining earned income the work related expense deduction (See Section 304.270) and the dependent care deduction (See Section 304.275), as applicable;
- (6) If the individual is:
- (a) a recipient who has not already received four (4) consecutive calendar months of the "\$30 and one-third disregard" (See Section 304.280); or

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 9/89

(4 of 4) Page 304.260

- (b) an applicant who has received AFDC within the past four calendar months and the individual has not already received four consecutive calendar months of the "\$30 and one-third disregard" (see Section 304.280);

then the Second Test of Financial Eligibility is the following:

- (i) Subtract from gross earned income the types of non-countable earned income specified in Section 304.250;
 - (ii) Subtract from each individual's remaining earned income the work-related expense deduction (see Section 304.270);
 - (iii) Subtract the \$30 and one-third, if applicable, from the remainder (see Section 304.280);
 - (iv) Subtract the dependent care deduction, as applicable (see Section 304.275).
- (7) Total the remaining earned income plus any unearned income available to the filing unit, which includes deemed income in accordance with Section 304.235, plus the gross income for those members of the filing unit that are excluded from the assistance unit, excluding the types of noncountable unearned income specified in Section 304.250.

NOTE: Earned income for those individuals required to be in the filing unit but excluded from the assistance unit is considered in accordance with Section 304.310(B).

- (8) Subtract the first \$50 of the monthly obligation for current support paid to the filing unit whether received by the applicant directly or received by the Child Support Enforcement Unit from the total countable income of the filing unit obtained in (7) above.
- (9) Determine the financial eligibility or ineligibility of the assistance unit. If the result is equal to or less than the Need Standard for the assistance unit, the assistance unit is financially eligible. (See Section 304.410.) If the result is in excess of the Need Standard for the assistance unit, the assistance unit is financially ineligible.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

| WEEKLY HOURS | MONTHLY HOURS | MAXIMUM DEDUCTIONS | |
|--------------|---------------|--------------------------|--------------------|
| | | DEPENDENT TWO OR OVER | CHILD UNDER TWO |
| 1 - 10 | 1 - 43 | \$44 | \$50 |
| 11 - 20 | 44 - 87 | \$88 | \$100 |
| 21 - 30 | 88 - 130 | \$132 | \$150 |
| 31 - above | 131 - above | \$175 | \$200 |

(B) Restrictions

- (1) An applicant or recipient who meets the provisions of subsection 304.280(C) shall not be eligible for the dependent care deduction.
- (2) An applicant or recipient who is required to be in the filing unit, but is not included in the assistance unit, shall not be eligible for the dependent care deduction.
- (3) An applicant or recipient whose assistance unit includes a person essential to the well-being of a family member as defined in Section 304.320 shall not be eligible for the dependent care deduction for the care that established the essential person's eligibility to be included in the assistance unit.
- (4) The dependent care deduction is not applied to income from a renter, roomer, or boarder.

(C) Verification

The expenses for which the dependent care deduction is claimed shall be verified as follows:

- (1) The only acceptable verifications for dependent care expenses are:
 - (a) a signed and dated statement from the dependent care provider; and/or
 - (b) a cancelled check or money order payable to the dependent care provider.

If none of the above documents is available, verification of dependent care expenses shall be a signed and dated statement from the employed individual of the actual cost of dependent care.

- (2) The verification of the cost of transporting dependents to and from dependent care shall be a signed and dated statement

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY304.270: Work-Related Expense Deduction(A) Requirements

An applicant or recipient who is employed is entitled to a \$90 monthly deduction from gross wages in determining eligibility and in determining the amount of the assistance grant.

A person who meets the provisions of 106 CMR 304.210(D), whose income is deemed to the filing unit, is entitled to a \$75 monthly deduction from gross wages for a work-related expense deduction.

(B) Restrictions

- (1) An applicant or recipient who meets the provisions of 106 CMR 304.280(C) shall not be eligible for the work-related expense deduction.
- (2) An applicant or recipient who is required to be in the filing unit, but is not included in the assistance unit, shall not be eligible for the work-related expense deduction.

304.275: Dependent Care Deduction(A) Requirements

An applicant or recipient who is employed may receive a deduction from income equal to the expenditure for the care of a dependent child, as defined in 106 CMR 303.100, or an incapacitated individual requiring such care.

If the applicant or recipient is eligible for the \$30 and one-third disregard (106 CMR 304.280), the dependent care deduction shall be made after the \$30 and one-third has been deducted. The dependent child or incapacitated individual must be a member of the assistance unit. For an applicant or recipient who is employed full-time, the amount allowed as a deduction shall be the actual cost of dependent care, including the cost of transporting dependents to and from dependent care, but shall not exceed \$175 per dependent child, age two or older, or incapacitated individual per month. For a dependent child under the age of two, the monthly maximum allowable deduction shall not exceed \$200.

An applicant or recipient who is employed less than full-time may receive a proportionate share of the maximum allowable deduction. For an applicant or recipient employed less than full-time, the following standards shall be used to determine the maximum proportionate share of the maximum deduction, per dependent child or incapacitated individual, for which they are eligible. In all situations, the amount allowed for dependent care shall be the actual expenditure for dependent care, including the cost of transporting dependents to and from dependent care, or the maximum allowable deduction, whichever is less.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

from the employed individual of the actual cost of such transportation.

- (3) The incapacity of an individual in the assistance unit other than a dependent child for whom dependent care costs are being claimed must be verified. Incapacity is verified by a current statement from a competent medical authority, as defined in Subsection 301.600(F).

304.280: Eligibility for the \$30 and One-Third Disregard and the \$30 Disregard

A recipient or an applicant who has received AFDC within the last four calendar months is eligible to have \$30 and one-third of the remaining gross earned income, after work-related expenses, but before dependent care deductions, disregarded, if the following requirements are met:

- (A) A recipient, or an applicant who has received AFDC within the last four calendar months, shall be eligible to receive the \$30 and one-third disregard for four consecutive calendar months and a \$30 disregard for eight consecutive calendar months following the four consecutive calendar months of the \$30 and one-third disregard. Eligibility for the \$30 disregard during the eight consecutive calendar months following the four consecutive calendar months of the \$30 and one-third disregard remains in effect even though the \$30 disregard may not have been applied for each of the eight consecutive calendar months. Once the \$30 and one-third disregard has been applied for four consecutive calendar months, the recipient is ineligible to receive it again for as long as he or she continues to receive AFDC.
- (B) If the \$30 and one-third disregard has been applied for four consecutive calendar months and the recipient subsequently stops receiving AFDC, he or she shall be ineligible to receive the \$30 and one-third disregard until the expiration of a period of 12 consecutive calendar months without receipt of AFDC.
- (C) This disregard does not apply to the earned income of a member of the assistance unit for the month in which one of the following conditions apply:
- (1) An applicant or recipient who reduced his or her income or terminated his or her employment without Good Cause within the 30 days prior to the month for which the grant amount is calculated or who refused a bona fide job offer without Good Cause in the same period. See Section 307.180: Good Cause for Failure to Cooperate and for Terminating, Reducing, or Refusing Employment or Training for Employment: or
- (2) An applicant or recipient who failed without Good Cause to make a timely report of income received. Good Cause for failure to make a timely report shall be limited to demonstrated serious illness on the part of the applicant or recipient, or a dependent child. See Section 301.420: Responsibility for Notification of Changes for the definition of a timely report.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Page 304.290

Rev. 12/87

304.290: Verification and Determination of Income(A) Verification and Determination of Monthly Wages

Earned income from wages shall be verified at application, during monthly reporting (see Section 302.900 et seq.) and at any time a member of the filing unit reports (s)he has commenced employment. Earned income shall be verified by pay stubs, pay envelopes, or a written statement signed by an employer. The verification must show the gross wages (including tips, if applicable) and the number of hours worked when necessary to verify underemployment or dependent care expenses.

- (1) If the employee is paid weekly, the average of the four consecutive weeks' pay received prior to the application date will be multiplied by $4 \frac{1}{3}$ or 4.333 to obtain an average monthly wage. If the filing unit member has worked less than four weeks, any wage information that is available will be used initially, and the figure will be revised if necessary when four consecutive weeks of wage information is available.
- (2) If the employee is paid bi-weekly, an average of the last two consecutive pay periods will be multiplied by $2 \frac{1}{6}$ or 2.167 to obtain a monthly figure. If the employee is paid twice a month, the last two consecutive pay periods will be added to obtain a monthly figure.
- (3) If the employee is paid monthly, the monthly figure will be used.
- (4) If the employee receives a contractual annual salary, the amount to be used is the contractual annual salary divided by 12. Verification of the annual salary should be obtained in the form of a signed copy of the contract or a signed letter stating the annual salary to be received.
- (5) Pay stubs, pay envelopes, or a written statement signed by an employer showing wages paid and the number of hours worked in the year to date may be used to determine an anticipated monthly wage provided the number of weeks' pay represented is shown or can be computed. The average weekly earnings derived are multiplied by $4 \frac{1}{3}$ or 4.333 to obtain a monthly figure.

(B) Verification and Determination of Self-Employment Income

Earned income must be verified. Self-employment income is verified by means of business records and tax returns that show the total amount of income and the total business expenses associated with the gross income earned. The three most current months' records must be used. Business expenses may be verified by records of bank deposits, records of wages paid to employees, and Social Security and other taxes paid on, and withheld from those wages; rent receipts, utility payments receipts, bills of lading, receipts for purchase of stock, and Workers' Compensation payment records.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITYChapter 304
Page 304.300

Rev. 9/90

(C) Unearned Income

Unearned income shall be verified at application, at redetermination, at the time of a change in income, and during Monthly Reporting if the filing unit is subject to Monthly Reporting due to the receipt of earned income. (See 106 CMR 302.900 et. seq.) Income that is received on other than a monthly basis shall be converted to a monthly amount in accordance with 106 CMR 304.290(A)(1-5).

Unearned income shall be verified by a copy of the benefit payment check, a copy of a benefit or award letter, retirement fund documents, social security benefit statements, a written statement from the agency or person making the payment that indicates the amount and frequency of the payment, or information received by the Department through a computer match from agencies such as the Social Security Administration (SSA) or the Department of Employment and Training (DET) that indicates the current amount and frequency of the payment.

304.300: Membership in the Assistance Unit and Filing Unit

An assistance unit is comprised of those persons whose needs are considered in determining eligibility and the amount of the grant, and who are eligible to receive benefits under AFDC. All persons in the assistance unit must be included in the filing unit.

A filing unit is comprised of those persons whose income and assets must be considered in determining the eligibility and amount of the grant for the assistance unit, regardless of whether they are included in the assistance unit.

A household is the total group of persons who live together. The household may include persons who are not in the filing unit. In order for the assistance unit to be eligible for AFDC, the filing unit may not have:

- (A) assets greater than the asset limitation (106 CMR 304.110); or
- (B) income, including income deemed to it, greater than the allowable limits for income (106 CMR 304.235; 304.236; 304.260).

304.305: Composition of the Assistance Unit

- (A) Whenever an application is made on behalf of a dependent child the following persons must be included in the assistance unit:
 - (1) the dependent child as defined in 106 CMR 301.600;
 - (2) the natural and/or adoptive parent(s) of the dependent child living in the same household as the dependent child; and

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

- (3) all siblings of the dependent child who are related by blood or adoption and living in the same household as the dependent child and who are themselves dependent children (see 106 CMR 301.600). Stepbrothers and stepsisters are not required to be in the assistance unit.
- (B) Whenever an application is made on behalf of a dependent child by a grantee-relative who is not the natural or adoptive parent, except for the dependent child in (C) below, this dependent child must be in the same assistance unit as the dependent child in 106 CMR 304.305(A) unless to do so would cause a particular child to become homeless or to endure undue hardship. In this instance the Department may waive this provision.
- (C) Whenever an application is made on behalf of a dependent child living in the same household as his or her minor parent(s) as defined in 106 CMR 304.236, and the parent(s) of the minor parent(s), the assistance unit must be determined in accordance with 106 CMR 304.320(C). See 106 CMR 304.236 for the determination of financial eligibility for the minor parent.
- (D) Whenever an application is made for a pregnant woman, as specified in 106 CMR 303.110, the assistance unit must include the pregnant woman only. See 106 CMR 304.235(C) for the determination of financial eligibility for the pregnant woman.
- (E) Notwithstanding the requirements of (A), (B), (C), or (D) certain persons are not eligible for inclusion in the assistance unit. These persons are ineligible for inclusion in the assistance unit because they are ineligible for AFDC due to some other provision of the AFDC regulations. These persons include, but are not limited to, the following:
- (1) any person who is in receipt of SSI. (However, if the only dependent child(ren) is receiving SSI, the grantee-relative and his or her spouse may constitute an assistance unit.);
 - (2) a person for whom state and/or federal foster-care maintenance payments are being provided, including the child of the foster child when the foster-care maintenance payment includes the child;
 - (3) a person for whom state and/or federal adoption assistance is being provided, unless the exclusion from the assistance unit would result in lower AFDC benefits for the assistance unit;
 - (4) persons who are members of an ineligible assistance unit as a result of the lump sum income provision; and
 - (5) an alien who is categorically ineligible.

These persons listed in items (1), (2), (3), (4), and (5) are also excluded from the filing unit.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Rev. 6/92

304.310: Composition of the Filing Unit

- (A) The following persons must be included in the filing unit and their income and assets must be included in determining the assistance unit's eligibility and the amount of the grant.
- (1) all persons in the assistance unit (106 CMR 304.305: Composition of the Assistance Unit); and
- (2) those persons who are required to be included in the assistance unit, but have failed to fulfill an eligibility requirement, or have been sanctioned, or have failed to cooperate. This includes, but is not limited to, the following persons:
- (a) persons sanctioned for failure to comply with CSEU requirements in accordance with 106 CMR 303.700;
- (b) persons sanctioned for failure to comply with the Department's employment and training program requirements in accordance with 106 CMR 307.100;
- (c) persons who fail to meet the requirement to provide a social security number; and
- (d) persons sanctioned for failure to cooperate with the Department in identifying and providing information that would assist the Department in pursuing any third-party liability for medical services, in accordance with 106 CMR 303.750.
- (B) Persons who are required to be in the filing unit, but who are not in the assistance unit, are not entitled to the work-related expense deduction, the dependent care deduction and/or the \$30 and one-third disregard of earned income. The full amount of his or her income is considered available to the assistance unit and no deductions are allowed for his or her needs.

304.315: Failure To Cooperate

- (A) If the financial eligibility of the assistance unit cannot be determined because of the failure or refusal of any member of the filing unit to provide information and/or verification, the entire assistance unit is ineligible and assistance shall be denied or terminated.
- (B) If any person required to be in the filing unit fails to meet a non-financial eligibility requirement but financial eligibility for the assistance unit can be determined, eligibility and the amount of the grant for the assistance unit shall be determined by including that person's income and assets but excluding his or her needs.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITYChapter 304
Page 304.315

Rev. 9/90

- (1) all persons in the assistance unit (106 CMR 304.305: Composition of the Assistance Unit); and
 - (2) those persons who are required to be included in the assistance unit, but have failed to fulfill an eligibility requirement, or have been sanctioned, or have failed to cooperate. This includes, but is not limited to, the following persons:
 - (a) persons sanctioned for failure to comply with CSEU requirements in accordance with 106 CMR 303.700: Cooperation with Child Support Enforcement Efforts;
 - (b) persons sanctioned for failure to comply with ET requirements in accordance with 106 CMR 307.100: Requirements of the ET Program and 106 CMR 307.160: Ineligibility as a Result of Failure to Participate; and
 - (c) persons who fail to meet the requirements to provide a social security number.
- (B) Persons who are required to be in the filing unit, but who are not in the assistance unit, are not entitled to the work-related expense deduction, the dependent care deduction and/or the \$30 and one-third disregard of earned income. The full amount of his or her income is considered available to the assistance unit and no deductions are allowed for his or her needs.

304.315: Failure To Cooperate

- (A) If the financial eligibility of the assistance unit cannot be determined because of the failure or refusal of any member of the filing unit to provide information and/or verification, the entire assistance unit is ineligible and assistance shall be denied or terminated.
- (B) If any person required to be in the filing unit fails to meet a non-financial eligibility requirement but financial eligibility for the assistance unit can be determined, eligibility and the amount of the grant for the assistance unit shall be determined by including that person's income and assets but excluding his or her needs.

304.320: Optional Membership in an Assistance Unit

A person may only be an eligible member of one assistance unit. The following persons may be included in an assistance unit, if otherwise eligible:

- (A) a grantee-relative living with the dependent child who is not the natural or adoptive parent provided the grantee-relative meets the relationship requirements in accordance with 106 CMR 303.210 and provided he or she is not already a member of another assistance unit as required in 106 CMR 304.305(A);

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY304.320: Optional Membership in an Assistance Unit

A person may only be an eligible member of one assistance unit. The following persons may, at their option, be included in an assistance unit, if otherwise eligible:

- (A) a grantee-relative who is not the natural or adoptive parent of the dependent child, provided the grantee-relative is related to the dependent child as provided in 106 CMR 303.210;
- (B) a minor parent, living with his or her dependent child and with his or her parent(s). He or she may either:
 - (1) have his or her own assistance unit with his or her child; or
 - (2) be included with his or her dependent child in the assistance unit of the parent(s) with whom he or she lives.

However, the minor parent must be included in the assistance unit of the parent(s) with whom he or she lives if that parent's assistance unit includes a dependent child who is a blood-related or adoptive sibling or half sibling of the minor parent.

The applicant or recipient must be informed of the advantages and disadvantages of being included in the assistance unit, where an option exists. Although inclusion in the assistance unit confers automatic eligibility for Medical Assistance, the income and assets of any individual who chooses to be included in the assistance unit must be considered in determining the eligibility and the amount of the grant.

304.330: Circumstances Governed by Legal Support Obligations

- (A) Circumstances in which legal obligations or rights to support exist include the following:

(1) Natural or Adoptive Parents

Natural or adoptive parents have a legal obligation to support their children. If a natural or adoptive parent(s) of the child is living in the same household as the dependent child his or her income and assets must be considered in determining the eligibility of the dependent child even if the parent is not eligible to be included in the assistance unit or required to be in the filing unit.

(2) Spouses

Husbands and wives have a legal obligation to support their spouses and at the same time have a right to receive support from them. If the spouse of a grantee-relative is living in the same household, his or her income and assets must be considered in determining the eligibility of the grantee-relative. If the spouse is a stepparent, see Section 304.235 to determine the stepparent's liability to the assistance unit.

- (B) Income, excluding the types of noncountable income listed in Section 304.250, of those persons who have a legal obligation of support and who live in the same household as the dependent child shall be treated according to the following.

- (1) Persons who are not required to be in the filing unit and are not applying for or receiving AFDC for themselves shall have their income deemed available to the filing unit in accordance with Section 304.235.
- (2) Persons who are required to be in the filing unit but are excluded from the assistance unit because they failed to cooperate and/or have been sanctioned in accordance with Sections 303.700, 307.130, or 307.170 shall have their income made available to the filing unit in accordance with Subsection 304.310(B).

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY304.400: Table of Eligibility Standards

The figures in the Eligibility Standards columns are used in the 185% test of financial eligibility (see 106 CMR 304.260(A)). If in any month the total income of the filing unit, excluding only the types of noncountable income listed in 106 CMR 304.250, is above the appropriate Eligibility Standard for the assistance unit, the assistance unit is ineligible. Column A is used for assistance units that are not eligible for the Rent Allowance, and Column B is used for assistance units that are eligible for the Rent Allowance (See 106 CMR 305.910).

| Assistance UNIT SIZE | A. Eligibility Standards <u>No Rent Allowance</u> | B. Eligibility Standards <u>With Rent Allowance</u> |
|-------------------------|---|---|
| 1 | \$ 651.20 | \$ 725.20 |
| 2 | 825.10 | 899.10 |
| 3 | 997.15 | 1,071.15 |
| 4 | 1,161.80 | 1,235.80 |
| 5 | 1,332.00 | 1,406.00 |
| 6 | 1,505.90 | 1,579.90 |
| 7 | 1,676.10 | 1,750.10 |
| 8 | 1,844.45 | 1,918.45 |
| 9 | 2,012.80 | 2,086.80 |
| 10 | 2,183.00 | 2,257.00 |
| Incremental | 175.75 | 175.75 |

From September 1, 1992 to September 30, 1992, inclusive, the appropriate Eligibility Standard shall be increased by \$277.50 for each applicant and recipient under age 19.

304.410: Table of Need Standards

The figures in the Need Standards columns are used in the test of financial eligibility. Column A is used for assistance units that are not eligible for the Rent Allowance, and Column B is used for assistance units that are eligible for the Rent Allowance (see 106 CMR 305.910). If the countable monthly income of the filing unit is at or below the appropriate Need Standard for the assistance unit, the assistance unit is financially eligible. The monthly grant is the difference between the appropriate Need Standard and countable income after appropriate disregards have been applied so long as the difference does not exceed the appropriate Payment Standard (see 106 CMR 304.420). If the difference between the appropriate Need Standard and countable income exceeds the appropriate Payment Standard, the monthly grant shall equal the Payment Standard.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

| <u>Assistance Unit Size</u> | <u>A. Need Standards: No Rent Allowance</u> | <u>B. Need Standards: With Rent Allowance</u> |
|---------------------------------|---|---|
| 1 | \$ 352.00 | \$ 392.00 |
| 2 | 446.00 | 486.00 |
| 3 | 539.00 | 579.00 |
| 4 | 628.00 | 668.00 |
| 5 | 720.00 | 760.00 |
| 6 | 814.00 | 854.00 |
| 7 | 906.00 | 946.00 |
| 8 | 997.00 | 1,037.00 |
| 9 | 1,088.00 | 1,128.00 |
| 10 | 1,180.00 | 1,220.00 |
| Incremental | 95.00 | 95.00 |

From September 1, 1992 to September 30, 1992, inclusive, a one-time, nonrecurring clothing allowance shall be paid by increasing the appropriate Need Standard \$150 for each applicant and recipient under age 19.

304.420: Table of Payment Standards

The figures in the Payment Standards columns are the maximum amounts that an assistance unit may receive as a monthly grant. Column A is used for assistance units that are not eligible for the Rent Allowance, and Column B is used for assistance units that are eligible for the Rent Allowance. (See 106 CMR 305.910.)

| <u>Assistance Unit Size</u> | <u>A. Payment Standards: No Rent Allowance</u> | <u>B. Payment Standards: With Rent Allowance</u> |
|---------------------------------|--|--|
| 1 | \$ 352.00 | \$ 392.00 |
| 2 | 446.00 | 486.00 |
| 3 | 539.00 | 579.00 |
| 4 | 628.00 | 668.00 |
| 5 | 720.00 | 760.00 |
| 6 | 814.00 | 854.00 |
| 7 | 906.00 | 946.00 |
| 8 | 997.00 | 1,037.00 |
| 9 | 1,088.00 | 1,128.00 |
| 10 | 1,180.00 | 1,220.00 |
| Incremental | 95.00 | 95.00 |

From September 1, 1992 to September 30, 1992, inclusive, a one-time, nonrecurring clothing allowance shall be paid by increasing the appropriate Payment Standard \$150 for each applicant and recipient under age 19.

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY304.500: Calculation of the Grant Amount

The grant amount is calculated as follows:

- Step 1: Identify the earned income of each member of the filing unit, excluding any earned income specified in Section 304.250: Noncountable Income and: (1) the earned income of a dependent child(ren) who is a full-time student or a part-time student who is a part-time employee or (2) the earned income of a dependent child(ren) who is not a student or is a part-time student and a full-time employee and is a participant in a Job Training Partnership Act (JTPA) program during the same six months in a calendar year used in the 185% Test of Financial Eligibility (see Section 304.260(A)).
- Step 2: Subtract sequentially from the remaining gross earnings of each member of the assistance unit an amount of income equal to: (a) the work-related expense deduction (see Section 304.270: Work-Related Expense Deduction); and (b) if appropriate, from the remaining income of each member of the assistance unit, \$30 and one-third or \$30 of the remainder (see Section 304.280: Eligibility for the \$30 and One-Third Disregard and the \$30 Disregard).
- Step 3: Subtract the appropriate dependent care deduction (see Section 304.275: Dependent Care Deduction).
- Step 4: Total the countable earned income of all members of the filing unit.
- Step 5: Total all unearned and other income not excluded under Section 304.250: Noncountable Income. This total includes deemed income in accordance with Section 304.235 plus the gross income for those members of the filing unit that are excluded from the assistance unit.
- Step 6: Add the results of Step 4 and Step 5.
- Step 7: Subtract the result of Step 6 from the Need Standard (See Section 304.410.) for the number of persons in the assistance unit. Round this amount down to the next lower whole dollar. The result, if \$10 or greater, but less than the Payment Standard (see Section 304.420.), is the amount to be paid monthly. If the result is less than or equal to the Need Standard but greater than the Payment Standard, the amount to be paid monthly shall equal the Payment Standard. If the result is zero or greater but less than \$10, the assistance unit is considered to be receiving assistance but will not receive a monthly grant. If the result is less than zero, the assistance unit is financially ineligible.

Trans. by S.L. 818

AID TO FAMILIES WITH DEPENDENT CHILDREN
FINANCIAL ELIGIBILITY

Chapter 304

Rev. 12/87

Page 304.510

304.510: Guide for Income-In-Kind

The following table provides the amounts for specific items in the Payment Standard. These amounts are to be used to determine:

- (A) The amount to be authorized as vendor payments to meet the immediate needs of applicants in accordance with Section 302.130(F): Immediate Needs; and
- (B) The value of shelter (rent, mortgage, fuel, utilities) and food provided at no cost to an applicant or recipient.

| | | |
|---------------------|-------------------|--------------------|
| RENT OR MORTGAGE | Unheated Facility | \$102.00 per month |
| | Heated Facility | 126.30 per month |
| FUEL | | 27.90 per month |
| UTILITIES | | 18.60 per month |
| FOOD (Individual) | | 41.80 per month |

304.600: Payment of Grants

AFDC grants are provided to the assistance unit in the form of two semi-monthly checks and, in some cases, retroactive checks and vendor payments.

304.610: Minimum Monthly Payment

The smallest monthly grant paid is \$10. If the grant amount is greater than zero but less than \$10 the assistance unit is considered to be receiving assistance, but will not receive a monthly payment.

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AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Rev. 8/91

Page 305.xxx

SECTION

305.XXX

TABLE OF CONTENTS

305.000 Overview of Related Benefits

305.100 Medical Assistance

305.110 General Medical Care

305.120 Retroactive Medical Assistance

305.130 Project Good Health

305.140 Family Planning

305.150 Medical Transportation

305.160 Reimbursement of Certain Recipients for Out-of-Pocket Expenses

305.200 Food Stamps

305.210 Obtaining Food Stamps

305.220 Amount of Food Stamps

305.300 Emergency Assistance

305.400 Social Services

305.410 AFDC Foster Care

305.420 Responsibility for AFDC-FC

305.430 Eligibility for AFDC-FC

305.440 Redetermination of Eligibility for AFDC-FC

305.450 Reserved

305.460 Reserved

305.470 Reserved

305.480 Reserved

305.490 Reserved

305.500 Food Vouchers for Temporary Visits

305.510 Verification of Eligibility for Food Vouchers

305.520 Return of More Than 30 Days

305.600 Infant Benefits

305.700 Funeral and Burial Expenses

305.710 Payment for Funeral and Burial Expenses

305.800 Transportation Assistance

305.810 Eligibility for Transportation Assistance

305.820 Voluntary Participation in Transportation Assistance

305.830 Limitation on Transportation Assistance

305.900 Maximum \$50 Support Payment

305.910 Rent Allowance

305.920 Reserved

305.930 Reserved

305.940 Reserved

305.950 Reserved

305.960 Reserved

305.961 Reserved

305.962 Reserved

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS305.000: Overview of Related Benefits

This chapter contains a description of the benefits provided by the Department which AFDC applicants or recipients may be eligible to receive. Some benefits are available to all recipients; others are intended for special needs or situations.

These benefits are described under the following headings:

- (A) Medical Assistance, Section 305.100;
- (B) Food Stamps, Section 305.200;
- (C) Emergency Assistance, Section 305.300;
- (D) Social Services, Section 305.400;
- (E) Food Vouchers for Temporary Visits, Section 305.500;
- (F) Infant Benefits, Section 305.600;
- (G) Funeral and Burial Benefits, Section 305.700;
- (H) Transportation Assistance, Section 305.800;
- (I) Maximum \$50.00 Support Payment, Section 305.900.

305.100 Medical Assistance

The Medical Assistance Program provides medical services for those persons who meet specific income and other eligibility requirements. Current AFDC and RRP cash assistance recipients as well as those deemed to be in receipt of AFDC or RRP are eligible for Medical Assistance (MA) without filing a separate application. However, if retroactive Medical Assistance is requested, a separate application must be made on a form prescribed by the Department.

The following are categorically eligible to receive MA benefits.

(A) Recipients Whose AFDC Payment Would Be Less Than \$10

Families who are denied an AFDC payment solely because the monthly payment would be less than \$10 are deemed to be in receipt of AFDC for purposes of Medical Assistance eligibility.

(B) Children Receiving Adoption Assistance or Foster Care Maintenance

Any child for whom adoption assistance or foster care maintenance payments are made under Title IV A or Title IV E of the Social Security Act is deemed to be receiving AFDC and will be eligible for Medical Assistance provided by the state making such payments, regardless of whether the child resides in that state.

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Rev. 7/91

Page 305.100

(C) Child Born to Recipient of AFDC

A child born to a woman who is eligible for and receiving AFDC on the date of the child's birth will be eligible for Medical Assistance without further application for a period of one year from the date of his or her birth, provided the child continues to live with the mother. The mother's continued eligibility for AFDC is not required for the child to remain eligible for MA.

(D) Extended Medicaid Eligibility Subsequent to Termination of AFDC

- (1) Members of an AFDC assistance unit whose AFDC assistance has been terminated shall continue to receive Medical Assistance until a determination of ineligibility is made by the Department.
- (2) Members of an AFDC assistance unit whose AFDC assistance has been terminated prior to April 1, 1990, due to increased income from employment or increased hours of employment shall be eligible for Medical Assistance for the four-calendar-month period beginning with the month in which the family becomes ineligible for AFDC, provided that:

- a. the unit received AFDC in any three or more of the six months immediately preceding the month of termination from AFDC; and
- b. a member of the assistance unit continues to be employed for the four months subsequent to the month of termination from AFDC. This need not be the same person for the entire four-month period.

If the AFDC assistance unit erroneously received benefits past the date of ineligibility, the four-month period begins with the actual month of ineligibility.

- (3) Members of an AFDC assistance unit whose AFDC assistance has been terminated prior to April 1, 1990, because a member of the unit is no longer eligible for either the \$30 and one-third or the \$30 earned income disregard shall be eligible for Medical Assistance for the nine-calendar-month period beginning with the month after they become ineligible for AFDC.

At the end of the nine-month period, Medical Assistance coverage can then be extended for an additional period of time not to exceed six months, provided that the unit would be eligible for AFDC continuously during such additional period if the \$30 and one-third or the \$30 earned income disregards were applied.

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

- (4) Members of an AFDC assistance unit whose AFDC assistance has been terminated as a result (wholly or partly) of the receipt of or increase in spousal or child support payments shall be eligible for Medical Assistance for the four-calendar-month period beginning with the month in which the unit becomes ineligible for AFDC, provided that the unit received AFDC in any three or more of the six months immediately preceding the month of termination from AFDC.
- (E) Extension of Medical Assistance Subsequent to Termination of AFDC for Employment Reasons on or After April 1, 1990
- (1) Members of an AFDC assistance unit who have become ineligible for AFDC shall remain eligible for Medicaid for the six-calendar-month period beginning with the month in which the family becomes ineligible for AFDC provided that the unit:
- a. received AFDC in any three or more of the six months immediately preceding the month the unit became ineligible for AFDC;
 - b. continues to include a child who meets the age requirements in 106 CMR 303.120 and 303.130 of a dependent child receiving AFDC; and
 - c. became ineligible for AFDC because:
 1. of an increase in hours of or income from employment of the caretaker relative. (The caretaker relative is a person who has day-to-day responsibility for the care and control of the dependent child.); or
 2. a member of the family loses either the \$30 and one-third or the \$30 earned income disregard.
- (2) The Department shall offer the option of extending medical assistance coverage for the succeeding six-month period to each assistance unit subject to the requirements of 106 CMR 504.110(E) and (F).

305.110: General Medical Care

Each grantee-relative receives a MassHealth card(s), which may be used to obtain medical services for the listed members of his or her assistance unit(s), subject to 106 CMR 508.000-508.150.

The Department must provide the grantee-relative with information about where to obtain medical care, if necessary.

305.120: Retroactive Medical Assistance

AFDC recipients are eligible for Medical Assistance for the three months prior to the month in which application for AFDC was made, if the recipient's circumstances met the Medical Assistance eligibility requirements in those three months. (See 106 CMR 501-507 for eligibility requirements). An application for Retroactive Medical Assistance, Form SS-37A, is used to determine eligibility for retroactive MA.

305.130: Project Good Health

The purpose of Project Good Health is to provide all persons in the assistance unit under the age of twenty-one with the opportunity for preventive health care, including medical checkups, immunizations, and dental checkups. See 106 CMR 480 for a full description of the PGH Program.

At the time of application and redetermination the AFDC worker must:

- (A) Describe and explain the PGH Program and its advantages;
- (B) Encourage maximum utilization of the PGH Program;
- (C) Offer to refer the applicant or recipient to the PGH specialist;
- (D) Provide written information on the PGH Program; and
- (E) Inquire whether the applicant or recipient is interested in participating in PGH.

If a recipient or applicant who is determined to be eligible for AFDC is interested in participating in PGH, the AFDC worker must provide access to a list of health care providers, offer to help in scheduling appointments, and if necessary, authorize medical transportation assistance and refer the applicant or recipient to the PGH specialist for child care or translation services.

305.140: Family Planning

The purpose of family planning is to help members of the assistance unit obtain counseling and medical services related to the decision to have children or not to have children. Participation in family planning is voluntary. All AFDC recipients are eligible for family planning and must be informed of the existence of the program. The Medical Assistance Program pays for medical services related to family planning.

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS305.150: Medical Transportation

Medical transportation is a benefit provided under the Medical Assistance Program. The worker must provide an invoice for this service in accordance with 106 CMR 407. The invoice must be issued within seven days of the request for this service.

305.160: Reimbursement of Certain Recipients for Out-of-Pocket Expenses(A) Requirements

The following individuals shall be entitled to reimbursement for certain medical expenses paid by them subject to the provisions of this section:

(1) An individual who:

- a. applied for SSI; and
- b. was denied SSI benefits by the Social Security Administration; and
- c. had his or her initial Social Security Administration decision overturned through the reconsideration process, administrative hearing, Appeals Counsel review, Federal Court review, or reopening under the Social Security Administration rules on administrative finality.

(2) An individual who:

- a. applied for AFDC or Medical Assistance; and
- b. was denied AFDC or Medical Assistance benefits by the Department; and
- c. has had his or her initial incorrect Department decision overturned by a subsequent decision by the Department, the Department's fair hearing process, or the judicial review process.

Reimbursement is limited to bills that are incurred on or after the date of initial Medicaid eligibility, and that are paid between the date of the erroneous application decision and the date on which the recipient is notified of Medicaid eligibility. The bill must have been paid by the recipient or spouse, or the parent or legal guardian of a minor recipient.

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Rev. 3/88

Page 305.200

Reimbursement under this section is for amounts actually paid for care or services that were not but would have been covered under the Medical Assistance Program had eligibility been determined correctly even though those amounts exceed the Medicaid rate. Prior to reimbursing a recipient for care or services that would have required prior approval, the Department may require submission of medical evidence for consideration under the prior approval standards. Reimbursement is available even though the medical care or services were furnished by a provider who does not participate in the Medical Assistance Program.

(B) Verification

Persons seeking reimbursement must provide the Department with:

- (1) A bill for medical services that includes:
 - a. the provider's name;
 - b. a description of the services provided;
 - c. the date the service was provided; and
- (2) Proof of payment of the bill presented, such as a canceled check or receipt.

Recipients of SSI must also provide documents from the Social Security Administration establishing the date of application and the date of the denial.

305.200: Food Stamps

The purpose of the Food Stamp Program is to ensure adequate nutrition for low income households. The program is administered by the Department.

305.210: Obtaining Food Stamps

An AFDC applicant or recipient may also apply for and be eligible for food stamps. The worker must inquire whether the applicant wants to apply for food stamps, and if so, must either process the food stamp application or in the instance of the NPA food stamp household make the appropriate referral to the food stamp unit. When all the members of the food stamp household are receiving AFDC and/or SSI benefits, the household is categorically eligible for food stamps. (See Section 365.180.)

Trans. by S.L. 827

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Rev. 3/88

Page 305.220

305.220: Amount of Food Stamps

The amount of food stamps for which an assistance unit is eligible depends upon the amount of income available to it, including the AFDC grant. When there is a change in the grant, or in the assistance unit, there may be a corresponding change in the food stamp allotment.

305.300: Emergency Assistance

The Emergency Assistance Program provides assistance in certain emergency or disaster situations. An assistance unit may receive authorization for Emergency Assistance for only one 30-day period in any 12 consecutive calendar months, except as provided in 106 CMR 309 for disasters.

When it is apparent that an AFDC applicant or recipient needs Emergency Assistance, the worker must inform him or her of the advantages and disadvantages of the program.

The specific requirements and benefits of the EA program are found in 106 CMR 309: Emergency Assistance.

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Page 305.400

Rev. 5/80

305.400: Social Services

The Department of Social Services provides specific services to eligible recipients of AFDC. The worker must refer applicants and recipients to the Department of Social Services for the services listed below whenever such services are requested or the need for them is noted:

- (A) Protective Services;
- (B) Homemaker Services;
- (C) Day Care Services;
- (D) Chore Services;
- (E) Foster Care; or
- (F) Other services for which no specific provision is made in this Chapter.

Except as specified in Section 306.620: Vendor Payments for Mismanagement of Funds, the worker may not make a social services referral without the applicant's or recipient's agreement.

305.410: AFDC Foster Care

AFDC Foster Care (AFDC-FC) is available for children otherwise eligible for AFDC who have been committed to the care of the Department of Social Services by a judicial determination that continuance in the home would be contrary to the welfare or best interests of the child.

AFDC-FC is not available for a child voluntarily placed in the care of DSS.

305.420: Responsibility for AFDC-FC

The development and monitoring of a social services plan for a child receiving AFDC-FC is the responsibility of the Department of Social Services.

The determination of whether a child meets the categorical and financial requirements for AFDC-FC eligibility is the responsibility of a special Assistance Payments unit in the Central Office of the Department of Public Welfare.

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Rev. 6/84

Page 305.430

The Department of Social Services must provide information regarding those cases potentially eligible for AFDC-FC. The special unit must obtain all documents and information necessary to determine eligibility. Information may be obtained from the Social Service worker assigned to the case.

305.430: Eligibility for AFDC-FC

As a condition of eligibility for AFDC-FC, one of the following situations must exist:

- (A) During the month court action was initiated, the child was living with a relative as specified in 303.210: Relationship from whose custody (s)he was or is being removed and was eligible for or was receiving AFDC; or
- (B) The child lived with such relative at some time within the six months prior to the month in which action was initiated and would have been eligible for AFDC if application had been made during that time.

The eligibility requirements of Chapters 303 and 304 apply. An application for a Social Security number must be made on behalf of the child if (s)he does not have or cannot furnish a valid SSN.

305.440: Redetermination of Eligibility for AFDC-FC

Eligibility for AFDC-FC must be redetermined every six months. At the time of redetermination the special unit must request that the Social Service worker provide verification of the active status of the court order, the present placement of the child, and the current service plan for the child. The special unit worker must redetermine necessary factors of eligibility. See Chapter 303: Categorical Requirements.

The deprivation factor need not be redetermined if DSS has been given permanent custody of the child and all parental rights and obligations, including the obligation of financial support, have been terminated by the court. Termination of parental rights alone is not sufficient for a finding of deprivation at the initial determination of eligibility.

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Rev. 9/90

Page 305.450

305.450: Family Reunification Benefits (FRB)

The Family Reunification Benefits (FRB) program provides financial and medical assistance to certain families whose child(ren) is temporarily removed from the home and is in the care of the Department of Social Services (DSS). The program consists of two parts. One component allows currently eligible AFDC families four months of extended benefits to maintain or obtain living arrangements during the child(ren)'s absence. The second component provides a family that is otherwise eligible for AFDC three months of benefits prior to the anticipated date of the child(ren)'s return to assist with the reunification process.

Eligibility for the Family Reunification Benefits program is restricted to those families whose child(ren) has been temporarily removed from the home and has been placed in the care of the Department of Social Services. Families whose child(ren) is in the care of any other public or private agency regardless of actual or potential AFDC eligibility are not eligible for Family Reunification Benefits (FRB).

305.460: Four Months Continuation of Benefits

A currently eligible AFDC family whose child(ren) is placed in the care of the Department of Social Services (DSS) is eligible for continued cash and medical assistance on behalf of the temporarily absent child(ren) when DSS certifies there is a likelihood that the child(ren) will return home within four months. The amount of the FRB grant shall be determined and paid in accordance with AFDC standards (see 106 CMR 304.400-304.610). Eligibility under this section may not exceed the four-month period following a child's removal from the home. Benefits, as provided under this component of FRB, may be granted only once per family except as provided in 106 CMR 305.480. In establishing eligibility for this component of the program, the following eligibility requirements must all be met:

- (A) The family was in receipt of AFDC on the date of the child(ren)'s removal or had applied for AFDC prior to the date of the child(ren)'s removal and was subsequently determined eligible; and
- (B) The child(ren) was living with a relative in accordance with 106 CMR 303.200: Relationship and Living Arrangement and was receiving AFDC on the date of his/her removal from the home; or the family had applied for AFDC for the child prior to the date of his/her removal and was subsequently determined eligible; and
- (C) The child(ren) was not removed from the household pursuant to a court order after an adjudication on the merits of a care and protection petition based on an allegation of child abuse; and

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Chapter 305

Rev. 9/90

Page 305.470

- (D) Written certification has been received from DSS, on a form prescribed by the Department, that the child(ren) is expected to be returned home within the four-month period following the date of his/her removal; and
- (E) The family has not previously received benefits under the Four Month Continuation of Benefits Component of the Family Reunification Benefits program except as provided in 106 CMR 305.480; and
- (F) The family continues to meet all other financial and categorical requirements of the AFDC program as contained in 106 CMR 303 and 304, including enrollment and participation in the ET program unless exempt, for all members of the assistance unit who are AFDC eligible.

If the applicant/recipient disagrees with the amount of the FRB grant or if he or she disputes the denial, termination, or reduction of FRB benefits, he or she may appeal such determination in accordance with Fair Hearing Regulations contained in 106 CMR 343. It is the responsibility of DSS to certify potential eligibility/ineligibility for FRB. However, this certification is not subject to appeal within the context of the Department of Public Welfare's Fair Hearing Regulations and shall not be an issue before the Department's referee.

305.470: Three Months Benefits Prior to Child's Return

A family that is otherwise eligible for AFDC benefits may receive cash and medical assistance through the Family Reunification Benefits (FRB) program on behalf of a child(ren) who has been removed from the home and is in the care of DSS provided DSS has certified the likelihood of the child(ren)'s return within three months. The amount of the FRB grant shall be determined and paid in accordance with AFDC standards (See 106 CMR 304.400-304.610). Eligibility is limited to the three-month period prior to the child(ren)'s anticipated return home. Benefits, as provided in this component of FRB, may be granted only once per family except as provided in 106 CMR 305.480; however, prior receipt of FRB under 106 CMR 305.460 does not prevent receipt of benefits under this section. In establishing eligibility for this component of the program, the following eligibility requirements must all be met.

- (A) A family/individual must apply for FRB and must meet the categorical and financial requirements of the AFDC program in accordance with 106 CMR 303 and 304. In addition, the family/individual must continue to meet those requirements for the duration of the eligibility period. Member(s) of the assistance unit who become AFDC eligible must enroll and participate in the ET program, unless exempt; and

AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

- (B) The absent child(ren) was not removed from the household pursuant to a court order after an adjudication on the merits of a care and protection petition based on an allegation of child abuse; and
- (C) Written certification of the anticipated date of the child(ren)'s return has been received from DSS, on a form prescribed by the Department; and
- (D) The family has not previously received benefits under this component except as provided in 106 CMR 305.480; and
- (E) The three-month eligibility period may not precede the family's date of application. For new cases, the date assistance begins is determined in accordance with 106 CMR 302.150.

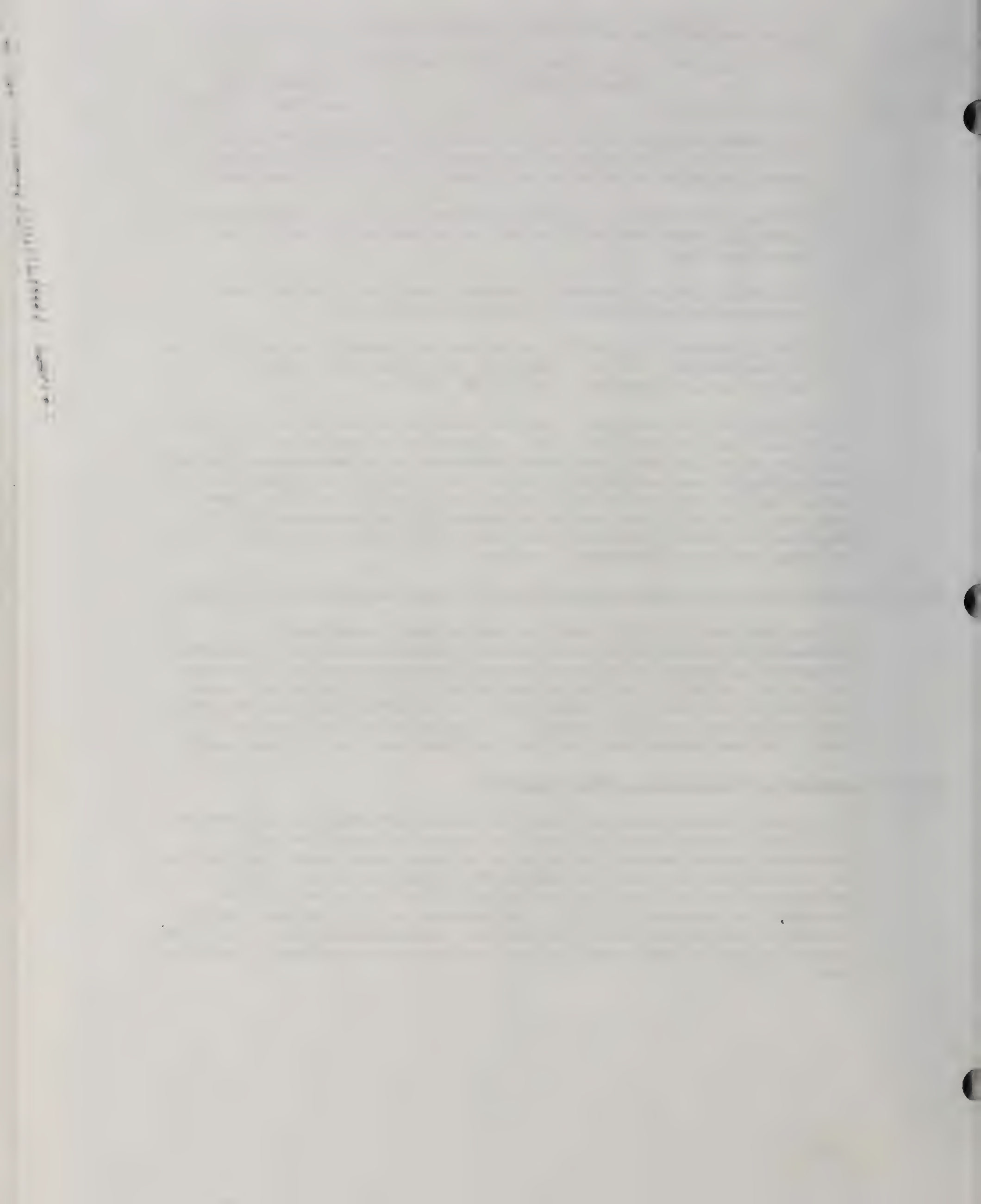
If the applicant or recipient disagrees with the amount of the FRB grant or if he or she disputes the denial, termination or reduction of FRB benefits, he or she may appeal such determination in accordance with Fair Hearing Regulations contained in 106 CMR 343. It is the responsibility of DSS to certify potential eligibility or ineligibility for FRB. However, this certification is not subject to appeal within the context of the Department of Public Welfare's Fair Hearing Regulations and shall not be an issue before the Department's referee.

305.480: Authorization for Additional Benefits in Situations of Extreme Hardship

If the Department of Public Welfare Commissioner, based upon a recommendation from the DSS Commissioner, determines that it is necessary to extend the payment of benefits to avoid extreme hardship, he or she may, in his or her discretion, authorize eligibility for an additional Four Months Continuation of Benefits or for an additional Three Months Benefits Prior to a Child's Return. The decision of the Department of Public Welfare Commissioner shall be the final decision of this agency.

305.490: Emergency Assistance for FRB Recipients

If a family that is receiving Family Reunification Benefits for some or all of its members is not eligible for federally-funded Emergency Assistance solely because the child is in foster care and/or has been out of the home for more than six months, EA benefits will be provided in accordance with the provisions of 106 CMR 309 at State cost if the household is otherwise eligible. For purposes of this section, the EA household will include those children who are temporarily out of the home and in receipt of FRB as well as those children who continue to reside at home.



305.500: Food Vouchers for Temporary Visits

A child who is in the care or custody of a Department of the Commonwealth or licensed private agency and who does not meet the requirements of 106 CMR 303.230: Living Arrangement is not eligible for AFDC, unless he or she has returned to the home of a relative, is expected to remain in the home for a period of more than 30 consecutive days, and meets all other applicable AFDC requirements.

When such a child returns to the home of a relative for a period of 30 days or less, the worker must, if the relative requests, issue a food voucher at the rate of one dollar and eighty cents per day for the number of days the child will be in the home, provided one of the following situations applies:

- (A) The relative is currently receiving AFDC; or
- (B) The relative is a former recipient of AFDC who became ineligible, as a result of the removal of the child from the home, and who currently meets the financial eligibility requirements of the Food Stamps, Medicaid, or other Department programs.

305.510: Verification of Eligibility for Food Vouchers

Eligibility for food vouchers under 106 CMR 305.500 must be verified by:

- (A) The receipt of advance written notification from the appropriate agency of the timing and duration of the child's visit; and
- (B) Confirmation by the agency that no payment will be made to the foster family or group-care facility for that period of time.

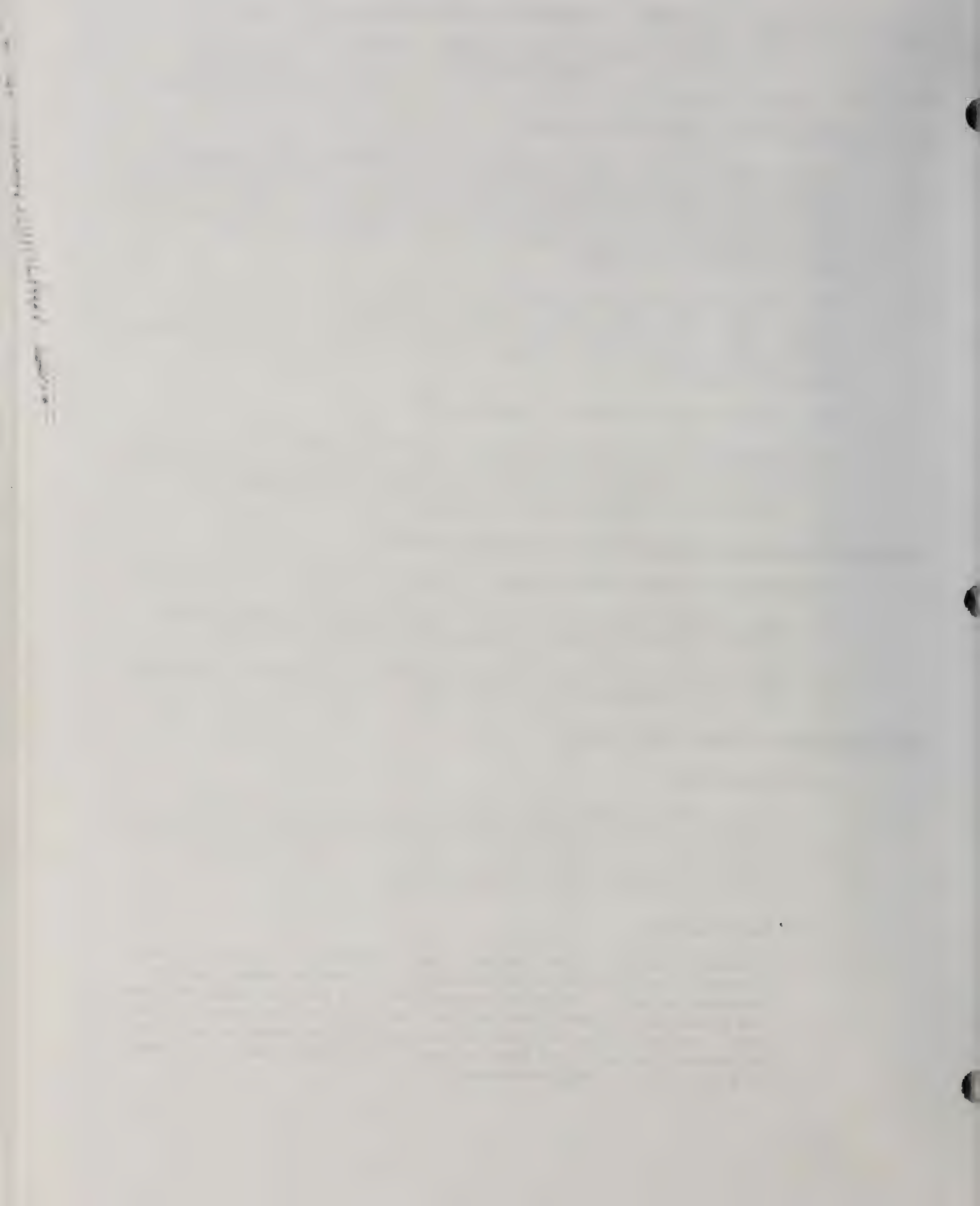
305.520: Return of More Than 30 Days

(A) Requirements

A child who returns to the home of the relative, is expected to remain in the home for more than 30 consecutive days, and remains in the custody of a public or private agency is considered to be living with the relative and is eligible for AFDC, if he or she meets all other applicable eligibility requirements.

(B) Verifications

It must be verified that the child has returned to the home of the relative, and is expected to remain in the home for more than 30 consecutive days. Verification shall be by a written statement from the appropriate agency, stating that the child has returned to the home, that he or she is expected to remain in the home for more than 30 consecutive days, and that payment to the foster family or group-care facility has been terminated.



305.600: Infant Benefits

The purpose of Infant Benefits is to provide a one-time payment for equipment needed to care for an infant. If the equipment is not available to the applicant/recipient from any other source, and if payment for the equipment is requested within the six (6) months following the birth of the eligible infant, the following benefits must be authorized at rates set by the Department:

- (A) payment for a crib or mattress for a newborn infant; and
- (B) payment for a layette for a newborn infant.

305.700: Funeral and Burial Expenses

The Department may provide payment for funeral and burial expenses of a deceased AFDC applicant/recipient. If payment is made for such expenses, the Department has preferred claims against the estate and existing resources of the deceased applicant/recipient for the amount of any such payment.

Existing resources include, but are not limited to, savings, life insurance, RSDI and Veterans' Administration death benefits. In all instances where an applicant/recipient has ever been employed or was a Veteran, eligibility for these death benefits must be explored before payment is authorized.

The Worker must determine the resources that exist to meet the expenses. When RSDI lump sum death benefits appear to be available, a claim must be filed by the widow(er), if any, and recovery made by the Department.

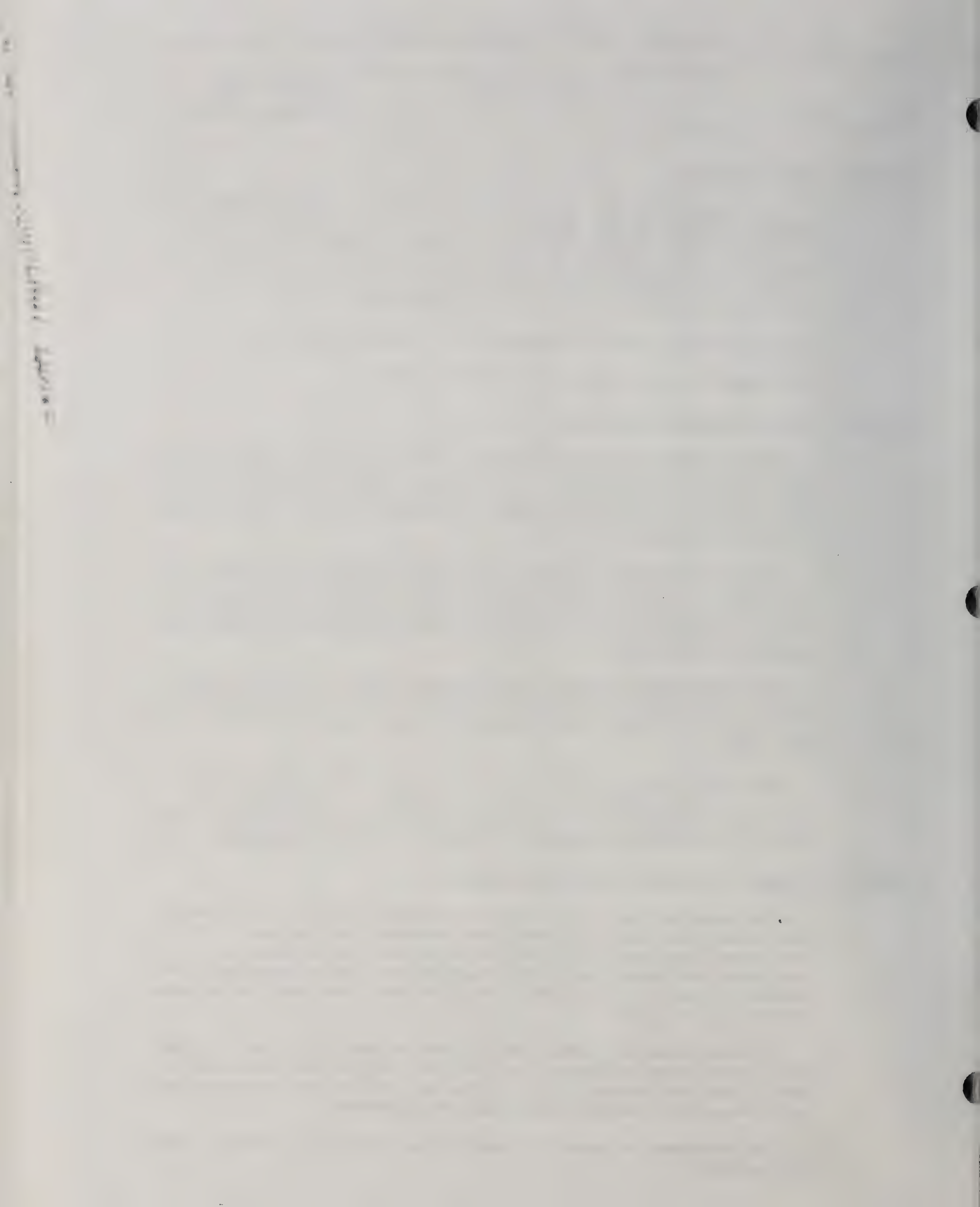
Veterans' death benefits will not be paid if the Department has already assumed the cost of funeral and burial. Therefore, it is essential that this claim be filed before the Department makes a commitment concerning the amount for which it will be responsible.

305.710: Payment for Funeral and Burial Expenses

The Department may pay a sum not to exceed \$1,100 for the funeral and burial of an applicant/recipient provided that the total cost of the funeral and burial does not exceed \$1,500. Any resources available for funeral and burial expenses must be deducted from the maximum allowable cost (\$1500); the Department then pays the balance, if any, up to \$1,100.

To receive payment, the funeral director must submit an itemized bill and a signed statement that the total cost of the funeral and burial does not exceed \$1,500. (S)he must also report any money paid, or to be paid by sources other than the Department.

The Department's payment is made in the form of a nonmedical vendor payment.



305.800: Transportation Assistance

The Department provides transportation assistance to recipients of AFDC or RRP benefits who have requested assistance to move outside the Commonwealth. Transportation assistance is provided through agencies under contract to the Department.

The worker must refer an individual or family to the contracting agency if they indicate an interest in moving outside the Commonwealth and appear to meet the eligibility criteria. The referral will be made in writing on a form prescribed by the Department. The determination of eligibility shall be made by the contacting agency pursuant to standards set by the Department.

305.810: Eligibility for Transportation Assistance

The contracting agency will determine eligibility for transportation assistance in accordance with the following criteria.

The individual or family must:

- (A) Have a significant social, medical or financial problem which may be substantially alleviated by moving outside the Commonwealth;
- (B) Be receiving AFDC, GR, SSI, MA or RRP benefits;
- (C) Have insufficient resources of their own to move outside the Commonwealth; and
- (D) Not have been a previous participant in the Transportation Assistance Program.

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AID TO FAMILIES WITH DEPENDENT CHILDREN
RELATED BENEFITS

Rev. 1/88

Chapter 305

Page 305.820

305.820: Voluntary Participation in Transportation Assistance

The decision of an individual or family to accept referral for transportation assistance and to accept transportation assistance, based on the contracting agency's agreement to the soundness of the moving plan, must be voluntary.

305.830: Limitation on Transportation Assistance

Transportation assistance is limited to personal transportation for the family or the individual. The cost of moving household goods or furnishings, or costs for luggage or baggage in excess of the transportation carrier's stated limitations for personal effects or belongings, will not be authorized.

305.900 Maximum \$50 Support Payment

The first \$50 of the monthly obligation for current support received by the Child Support Enforcement Unit shall be paid to the AFDC assistance unit. Such payment shall be made promptly upon notification by the Child Support Enforcement Unit of the amount of support collected, and in no event later than the end of the third month following the month in which the collection was received.

305.910 Rent Allowance

Applicants and recipients shall be entitled to a Rent/Mortgage Allowance of \$40 monthly per assistance unit, provided: (1) the applicant or recipient does not reside in public or state or federally subsidized housing; and (2) the applicant or recipient has rent, mortgage, or room and/or board expenses.

Public housing is housing owned and operated by a housing authority in which the rent is based on a percentage of at least one of the occupants' income.

Subsidized housing is housing occupied under a Section 8 or Chapter 707 lease or occupancy agreement or other state or federally funded program in which the rent of at least one of the occupants is based in whole or in part on a percentage of his or her income.

SECTION

306.XXX

TABLE OF CONTENTS

| | |
|---------|---|
| 306.000 | Overview of Auxiliary Activities |
| 306.100 | Inquiries, Requests, and Complaints |
| 306.110 | Inquiries |
| 306.120 | Requests |
| 306.130 | Complaints |
| 306.140 | Oral Complaints |
| 306.150 | Written Complaints |
| 306.200 | Overpayments and Underpayments |
| 306.210 | Correction of Overpayments and Underpayments |
| 306.220 | Causes of Overpayments |
| 306.230 | Bureau of Special Investigations |
| 306.240 | Referral to the Bureau of Special Investigations |
| 306.250 | Recovery |
| 306.260 | Recovery of Overpayments Resulting from Department Error and Payments Pending a Fair Hearing Decision |
| 306.270 | Recovery of Overpayments Resulting from Recipient Error and Misrepresentation or Withholding of Information |
| 306.280 | Recovery from Previous Recipients |
| 306.290 | Recovery from Current Recipients |
| 306.300 | Prevention of False or Erroneous Representation |
| 306.400 | Delivery of Checks |
| 306.410 | Ensuring the Proper Direction of Checks |
| 306.500 | Lost and Stolen Checks |
| 306.510 | Authorization of a Replacement Check |
| 306.520 | Issuance of a Replacement Check |
| 306.530 | Immediate Assistance Pending Replacement |

SECTION

- 306.600 Vendor Payments
- 306.610 Vendor Payments for Non-Compliance with WTP or CSE Program Requirements
- 306.620 Vendor Payments for Mismanagement of Funds
- 306.630 Voluntary Vendor Payments
- 306.640 Vendor Payments for AFDC-Related Benefits
- 306.650 Determination of Amount of Vendor Payments
- 306.660 Vendor Payments for Housing
- 306.670 Notification of Request for Vendor Payments
- 306.680 Notification of Vendor Payment Status
- 306.700 Quality Control
- 306.710 Requirement of Cooperation with Quality Control Reviews

SECTION

- 306.600 Vendor Payments
- 306.610 Vendor Payments for Non-Compliance with WTP or CSE Program Requirements
- 306.620 Vendor Payments for Mismanagement of Funds
- 306.630 Voluntary Vendor Payments
- 306.640 Vendor Payments for AFDC-Related Benefits
- 306.650 Determination of Amount of Vendor Payments
- 306.660 Vendor Payments for Housing
- 306.670 Notification of Request for Vendor Payments
- 306.680 Notification of Vendor Payment Status
- 306.700 Quality Control
- 306.710 Requirement of Cooperation with Quality Control Reviews

306.000: Overview of Auxiliary Activities

This chapter describes activities that affect the delivery of benefits and are required to ensure the proper and accurate direction of funds.

Auxiliary activities and the circumstances in which they are required are described in the following sections:

- (A) Inquiries, Requests, and Complaints, Section 306.100;
- (B) Overpayments, Underpayments, and Recovery, Section 306.200;
- (C) Referral to Bureau of Special Investigations, Section 306.310;
- (D) Delivery of Checks, Section 306.400;
- (E) Lost and Stolen Checks, Section 306.500;
- (F) Vendor Payments, Section 306.600; and
- (G) Quality Control, Section 306.700.

306.100: Inquiries, Requests, and Complaints

The worker must respond to all appropriate inquiries, requests, and complaints regarding the AFDC Program or AFDC cases for which (s)he is responsible. These responses must be made within the limitations of the Massachusetts Freedom of Information Act as contained in 106 CMR 100: Fair Information Practices, and the regulations which follow.

306.110: Inquiries

An inquiry is an oral or written request for information about the AFDC Program in general. Inquiries must be responded to by workers in the Area Offices or Branch Offices to which such inquiries are directed.

306.120: Requests

Under certain circumstances, defined in 106 CMR 100-108, information about a specific case may be released. If the worker is uncertain as to whether information may be disclosed, (s)he must consult with the supervisor. When requests for information about a specific case may not be met, the reasons for the unavailability of information must be explained in writing to the person or institution making the request.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES

Rev. 5/80

Chapter 306
Page 306.130

306.130: Complaints

A complaint is an oral or written communication expressing dissatisfaction with the policies and procedures of the Department or its administration. Complaints may be made by persons, institutions, or other agencies.

306.140: Oral Complaints

In the case of an oral complaint, the worker must attempt to address the complainant's dissatisfaction by providing a prompt interpretation of agency policy. In the event the complainant is not satisfied with the worker's explanation and wishes to go beyond the worker for assurance that (s)he is receiving equitable treatment, the worker's immediate supervisor must be available for a three-way discussion of the problem.

The applicant, recipient or institution must be informed of the right to appeal and have a fair hearing or to have a review without a hearing.

306.150: Written Complaints

In the case of a written complaint, the complaint must be reviewed by the worker to determine its validity. After the review is completed, a summary must be made of the facts and the action to be taken. The worker's decision must be reviewed by the immediate supervisor.

A letter must then be sent to the complainant informing such individual or institution of appropriate action in relation to the complaint. The letter must inform the complainant of the right to appeal and have a fair hearing or to have a review without a hearing.

306.200: Overpayments and Underpayments

An overpayment exists when an assistance unit receives assistance for which it is not eligible or exceeds the amount for which it was eligible.

An overpayment may result from Department error, recipient error, misrepresentation or withholding of information, or payment of assistance pending implementation of a fair hearing decision upholding the Department's proposed action.

An underpayment exists when:

- (A) a financial assistance payment received by or for an assistance unit for the Payment Month is less than the amount for which the assistance unit was eligible; or
- (B) the Department fails to issue a financial assistance payment for the Payment Month to an eligible assistance unit, if such payment should have been issued.

306.210: Correction of Overpayments and Underpayments

The Department has the responsibility to identify and to correct overpayments and underpayments of assistance that are identified after 9/30/81. The Department must promptly correct underpayments to current recipients and to those who would be current recipients if the mistake causing the underpayment had not occurred.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES

Chapter 306

Rev. 10/85

Page 306.220

When an underpayment is established, the Department shall send written notice to the recipient that 1) includes the amount and 2) informs the recipient of the right to request a fair hearing.

Before an action to recoup an overpayment, as provided in 306.290, is taken, the Department shall notify the recipient in accordance with 302.500.

If both an underpayment and an overpayment exist, the Department may offset one against the other before correcting the payment if the existence and amount of both the underpayment and the overpayment can be promptly determined. Otherwise, the Department shall proceed to correct the underpayment and overpayment independently.

Retroactive corrective underpayments shall not be considered as income or as a resource for purposes of determining continued eligibility and amount of assistance either in the month : .u or in the following month.

All overpayments are subject to recovery by the Department except as provided in Section 302.980: Supplemental Payments. Overpayments involving possible fraud shall be referred to the Bureau of Special Investigations (BSI).

306.220: Causes of Overpayments(A) Department Error

An overpayment may occur as a result of Department error. Department error includes failure of the Worker to act on information that affects eligibility or the amount of assistance.

(B) Payments Pending a Fair Hearing Decision

An overpayment occurs when the Department's position is upheld on an appeal by a recipient of a reduction or termination, and aid was paid pending the implementation of the decision.

The overpayment in a split fair hearing decision, where the action of the Department is only partly upheld, is the amount found in the fair hearing decision to be incorrectly paid.

(C) Recipient Error, Misrepresentation or Withholding of Information

An overpayment may occur as a result of recipient error. Recipient error may occur when the recipient, because of a misunderstanding of his/her responsibilities, fails to notify the Department of a change in his/her resources or other circumstances within the prescribed ten (10) days of such a change.

An overpayment may also occur because the applicant or recipient knowingly misrepresents or withholds information from the Department.

306.230: Bureau of Special Investigations

The Bureau of Special Investigations (BSI) is authorized to investigate all overpayments that are the result of recipient error and possible misrepresentation or withholding of information except as provided in Section 302.980: Supplemental Payments. The Worker shall not investigate these cases. The BSI has the responsibility to determine if an overpayment is the result of recipient error or possible misrepresentation or withholding of information.

BSI investigators may enter any Department office to conduct an investigation or review procedures to determine if there has been a fraudulent claim or wrongful receipt of money under any assistance program administered by the Department. BSI employees may, in conjunction with such an investigation, examine all records, files, books, and accounts within the scope of their investigation. Department Workers shall cooperate fully with BSI representatives.

306.240: Referral to the Bureau of Special Investigations

All cases of possible misrepresentation or withholding of information and error on the part of a recipient, applicant, or non-medical vendor shall be referred to the Bureau of Special Investigations (BSI) except as provided in Section 302.980: Supplemental Payments.

All cases of overpayment not the result of Department error or payment pending implementation of a fair hearing decision shall be referred to the BSI except as provided in Section 302.980: Supplemental Payments.

All cases of actual or suspected medical vendor fraud or abuse must be referred to the Provider Review and Sanctions Unit, 600 Washington Street, Room 740, Boston, MA 02111.

306.250: Recovery

- (A) The Department shall act promptly to recover all overpayments except as provided in Section 302.980: Supplemental Payments from current recipients and from previous recipients who apply for and are determined eligible for current assistance.

The Department shall refer overpayments resulting from recipient error, withholding of information, or possible misrepresentation to the Bureau of Special Investigations (BSI) except as provided in Section 302.980: Supplemental Payments. In such cases no recovery may take place until the BSI notifies the Department that it has decided not to investigate or its investigation is complete.

- (B) The Department will recover overpayments only from the assistance unit that was overpaid.

- (C) In cases where assistance has been terminated, the Department shall act to recover overpayments of amounts exceeding thirty-five dollars (\$35). When the overpayment amount owed by an individual no longer receiving cash assistance is thirty-five dollars (\$35) or more, the unit, designated by the Department to administer recovery for cases that have closed, can determine when it is no longer cost-effective to continue recovery efforts, provided it has made reasonable efforts to recover the overpayment. If BSI determines that the overpayment involves fraud, or if the assistance unit again begins to receive AFDC, the Department must attempt to recover the overpayment even if less than thirty-five dollars (\$35).
- (D) If, through recoupment the monthly grant amount is reduced to zero, the assistance unit shall be considered to be still receiving assistance. If, through recoupment the monthly grant amount is between zero and ten dollars (\$10), the assistance unit will receive a monthly payment. The minimum monthly payment shall be two dollars (\$2).

306.260: Recovery of Overpayments Resulting from Department Error and Payments Pending a Fair Hearing Decision

- (A) Overpayments resulting from Department error shall be recovered except as provided in Section 302.980: Supplemental Payments.
- (B) Overpayments resulting from assistance paid pending implementation of a fair hearing decision following an appeal of reduction or termination in benefits shall be recovered if the fair hearing decision confirms the reduction or termination. The overpayment in a split fair hearing decision, where the action of the Department is only partly upheld, is the amount found in the fair hearing decision to be incorrectly paid.
- (1) The Department shall inform the recipient that the Department will recover any aid paid pending implementation of a decision following a fair hearing that is decided in the Department's favor.
- (2) The Department shall provide on the notification form letter the option for the appellant to waive the receipt of aid pending the hearing.

306.270: Recovery of Overpayments Resulting from Recipient Error and Misrepresentation or Withholding of Information

All overpayments that appear to have been the result of recipient error, possible misrepresentation or withholding of information shall be referred to the Bureau of Special Investigations (BSI) except as provided in Section 302.980: Supplemental Payments.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES

Recovery of overpayments resulting from recipient error, possible misrepresentation or withholding of information may be made only after review by the BSI. If a recipient agrees with the BSI on an amount to be recovered by a grant reduction, the worker shall use this amount to make the recovery.

If the BSI indicates the cause of the overpayment to be other than recipient error, misrepresentation or withholding of information, the worker shall institute recovery according to the provisions of 106 CMR 306.250, 306.280, and 306.290, except as provided in 106 CMR 302.980: Supplemental Payments.

306.280: Recovery from Previous Recipients

Recovery shall continue after a case closes when the amount of the overpayment is \$35 or more, unless the unit designated by the Department to handle these types of cases determines it is not cost-effective. When the Bureau of Special Investigations (BSI) has determined that the case involved fraud, recovery must be made regardless of the amount of the overpayment. Upon agreement by the Department and former recipient, the former recipient may repay the overpayment by a lump sum payment or monthly installments. Recovery must be made if the overpaid assistance unit again begins to receive assistance, regardless of the amount of the overpayment.

306.290: Recovery from Current Recipients(A) Method of Recovery

- (1) Recovery of an overpayment shall be sought from current recipients and previous recipients who apply for and are determined eligible for AFDC. Such recovery shall be subject to the amounts specified in 106 CMR 306.290(B).
- (2) Except as specified in 106 CMR 306.290(A)(3), the methods of recovery shall be by:
 - (a) recoupment which is the recovery of an overpayment by means of a reduction in the recipient's grant;
 - (b) a lump sum payment;
 - (c) installment payments; or
 - (d) a combination of the three.
- (3) If a recipient who refuses or fails to pay or who has been repaying his or her overpayment to the Department through a lump sum payment and/or installment payments or a combination of methods specified in 106 CMR 306.290(A)(2) misses one of his or her payments, he or she shall be required to repay the remaining overpayment by recoupment as specified in 106 CMR 306.290(A)(2)(a) subject to the amounts specified in 106 CMR 306.290(B).

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES(B) Amount of Recovery

- (1) Effective 11/1/92, the Department shall recover overpayments as long as the assistance unit retains from its assistance grant and other gross income combined a monthly amount equal to 90 percent of the appropriate Payment Standard (See 106 CMR 304.420) except as specified in 106 CMR 306.290 (B)(2) or (3).

A recipient may agree, through an arrangement with the Bureau of Special Investigations (BSI) (see 106 CMR 306.270) or the Department, to an amount that exceeds the amount specified in 106 CMR 306.290(B)(1).

- (2) Except as specified in 106 CMR 306.290(B)(3), for recovery of overpayments initiated prior to 11/1/92, the Department shall recover overpayments as long as the assistance unit retains from its assistance grant and other gross income combined a monthly amount equal to 99 percent of the appropriate Payment Standard (See 106 CMR 304.420).

A recipient may have agreed or may now agree, through an arrangement with the Bureau of Special Investigations (BSI) (see 106 CMR 306.270) or the Department, to an amount that exceeds the amount specified in 106 CMR 306.290(B)(1) or (2).

- (3) Whenever a recipient meets the conditions specified in 106 CMR 306.290(A)(3), the Department shall recover overpayments as long as the assistance unit retains from its assistance grant and other gross income combined a monthly amount equal to 90 percent of the appropriate Payment Standard (See 106 CMR 304.420)

A recipient may agree, through an arrangement with the Bureau of Special Investigations (BSI) (see 106 CMR 306.270) or the Department, to an amount that exceeds the amount specified in 106 CMR 306.290(B)(1).

In determining the gross income, earned income shall be considered without application of the Work-Related Expense Deduction (106 CMR 304.270), the Dependent Care Deduction (106 CMR 304.275) and the \$30 and One-Third Disregard or the \$30 Disregard (106 CMR 304.280).

306.300: Prevention of False or Erroneous Representation

The Department shall periodically inform recipients of their responsibility for prompt and complete reporting of changes that may affect their eligibility and the amount of their assistance grant.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES306.400: Delivery of Checks

- (A) Checks are mailed to the home address of the recipient unless the recipient is on direct deposit for his or her checks. The local office director or designee may authorize delivery to a U.S. Post Office box, a private mailbox service or to the local office for pickup by the recipient in the following situations:
- (1) two or more checks have been lost or stolen and the recipient has signed a form prescribed by the Department in each instance;
 - (2) the recipient resides in an area where the post office does not provide direct mail deliveries to homes; or
 - (3) the recipient is in a temporary emergency shelter.
- (B) A recipient who is not receiving his or her checks at his or her home address must provide two of the verifications specified in 106 CMR 303.400: Residence.
- (C) A recipient who picks up his or her checks at the local office must present proof of identity and sign a receipt for the check(s).
- (D) Prior to the authorization for delivery to a U.S. Post Office box or private mailbox service, the recipient must provide written verification from the Postmaster of the U.S. Post Office where the U.S. Post Office box is located or an official of the private mailbox service where the private mailbox is located. The verification must contain:
- (1) the box number; and
 - (2) a statement that the U.S. Post Office box or private mailbox is recorded in the recipient's name.
- The worker shall not authorize reimbursement for U.S. Post Office or private mailbox fees.
- (E) When a recipient is temporarily absent from the Commonwealth (see 106 CMR 303.410), the local office director or designee may authorize delivery of checks to the temporary out-of-state address.
- (1) In cases where checks are sent to a temporary out-of-state address, continued residence or intent to retain residency, as appropriate, must be verified as specified in 106 CMR 306.400(E)(2).
 - (2) One of the following documents, provided it bears the name and Massachusetts address of the recipient, constitutes acceptable verification:
 - (a) a current rent receipt;
 - (b) a current gas bill;
 - (c) a current electric bill;
 - (d) a current telephone bill; or

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES

- (e) any other form of documentation that the supervisor has determined verifies the continued residence or intent to retain residency, as appropriate, of the recipient.

306.410: Ensuring the Proper Direction of Checks

To avoid the misdirection of checks, the worker must require verification of address from an applicant or recipient who moves and requests a change of address.

Acceptable verification includes a rent receipt, statement from the new landlord, or a gas, electric or telephone bill that shows the new address.

Agency and recipient time standards for change of address are provided in 106 CMR 301.530: Table of Time Standards.

306.500: Lost and Stolen Checks

When a recipient reports that a check is lost or has not been received, the worker must determine the address to which the check was mailed and whether or not the check has been returned to the Department. If the recipient has reason to believe that the check has been stolen, he or she must report the theft to the police.

If a check has not been returned to the Department and four days (including the check date) have elapsed, the recipient may request a replacement check by signing a form prescribed by the Department. If he or she does so, he or she must be advised of the need to return the original check if it is received at a later date.

306.510: Authorization of a Replacement Check

Unless the Department has reason to doubt the validity of the claim, the Department must approve a request for a replacement check when:

- (A) the original check is reported lost or stolen and four days (including the check date) have elapsed; or
- (B) the original check has been returned to the Department and the recipient has corrected the circumstances that made the check undeliverable; and
- (C) the approval process for the replacement of the original check is as follows:
 - (1) If fewer than 30 days have elapsed since the issuance of the original check, the supervisor must approve the replacement; or
 - (2) If 30 or more days have elapsed since the issuance of the original check, the local office director or designee must approve the replacement.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES306.520: Issuance of a Replacement Check

- (A) Before issuing a replacement check, the Department shall:
- (1) request a stop payment order on the original check if the original check has not been cashed; or
 - (2) require the recipient to sign a form prescribed by the Department that the endorsement is not his or hers if the original check has been cashed.

Agency and recipient time standards for replacement of lost or stolen checks are provided in 106 CMR 301.530.

306.530: Immediate Assistance Pending Replacement

If immediate assistance is needed pending the arrival of the replacement check, food or shelter invoices, or both, must be authorized. The amount of such invoices must be deducted from the amount of the replacement check. If the check is not subsequently replaced, the amount of such invoices shall be considered an overpayment. This overpayment shall be subject to the overpayment regulations specified in 106 CMR 306.200 through 306.290.

Agency and recipient time standards for immediate assistance pending replacement are provided in 106 CMR 301.530.

306.600: Vendor Payments

Vendor payments are money payments made directly to a provider of goods and services on behalf of recipients of AFDC. Financial assistance in the form of vendor payments must be provided when:

- (A) The grantee-relative fails to meet the eligibility requirements of the ET or CSEU Programs, or to cooperate with the Department, as specified in 106 CMR 306.610(C);
- (B) The grantee-relative has demonstrated an inability to manage funds or a presumption of mismanagement exists, as defined in 106 CMR 306.620(A);
- (C) The grantee-relative requests that vendor payments be established; or
- (D) Certain AFDC-related benefits are authorized.

All plans for assistance in the form of vendor payments must be approved by the supervisor. When vendor payments are authorized as an alternative to full, direct money payments, the grantee-relative must be given the opportunity to participate in the determination of the payment plan and in the selection of the vendor, to the extent that this is possible.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES306.610: Vendor Payments for Noncompliance with ET or CSEU Program
Requirements or Cooperation with Third-Party Liability for Medical
Services

Assistance in the form of vendor payments is required when the grantee-relative does not meet the requirements of:

- (A) the ET Program;
- (B) the CSEU Program; or
- (C) cooperation with the Department in identifying and providing information that would assist the Department in pursuing any third-party liability for medical services, as specified in 106 CMR 303.750.

Assistance in these cases is provided in the form of vendor payments to the extent possible. Any remaining portion of the grant to which the assistance unit is entitled must be made to the grantee-relative.

Vendor payments may be terminated, with a return to direct money payment status, only when the requirements of these programs have been met.

306.620: Vendor Payments for Mismanagement of Funds

Vendor payments are required when a grantee-relative has demonstrated an inability to manage funds such that the grant has not been used in the best interests of the child. This means that the relative has mismanaged funds to such an extent that allowing him or her to manage the AFDC grant would be a threat to the health or safety of the child. Mismanagement must have continued for a period of at least one month before a finding of financial mismanagement can be made by the Department.

When it appears that a grantee-relative has mismanaged funds, he or she shall be afforded the opportunity to request the establishment of voluntary vendor payments. (See 106 CMR 306.630.) If he or she does not request voluntary vendor payments, the worker must proceed to establish vendor payments on the basis of mismanagement.

When vendor payments are established on the presumption of financial mismanagement, the worker must refer the grantee-relative to a social service agency, specified by the Department, for counseling. A statement of the specific reasons that demonstrate the need for making vendor payments must be placed in the case record.

(A) Presumption of Mismanagement

The Department reserves the right to presume mismanagement when one of the following situations exists: shelter costs, including, but not limited to, rent, heat, fuel, and utilities have not been met; or an EA payment for arrearages (rent, mortgage, fuel, or utilities) is received by, or made on behalf of, the assistance unit.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES

Although other relevant considerations may be taken into account, the Department shall consider the following situations as exceptions to presumption of mismanagement.

- (1) The assistance unit has experienced some emergency or extraordinary event for which it was appropriate for available funds to be spent;
- (2) The assistance unit has withheld the payment as a reasonable exercise of consumer rights when there is a legitimate dispute as to whether terms of an agreement have been met.

(B) Number of Vendor Payments

The number of vendor payments authorized in cases of mismanagement depends on the circumstances of the case. If the grantee-relative has had difficulty with the management of all budgetary items, the worker shall provide for assistance for all items, except personal care, in the form of vendor payments.

If the grantee-relative has had difficulty with only certain items, such as rent, the worker shall make vendor payments for such selected items only.

(C) Review of Cases Involving Mismanagement

Cases in which vendor payments are based on financial mismanagement must be reviewed, for the purpose of determining whether the need for vendor payments continues, as frequently as is indicated by the individual circumstances, but no less frequently than every six months. The worker, with the approval of the supervisor, must terminate vendor-payment status when there is evidence that the grantee-relative is able to manage direct money payments.

306.630: Voluntary Vendor Payments

An applicant or recipient may, at any time, request that vendor payments be established. The request must be made in writing by the applicant or recipient and must be filed in the case record. Voluntary vendor payments shall continue until the applicant or recipient requests in writing that they be terminated.

AID TO FAMILIES WITH DEPENDENT CHILDREN
AUXILIARY ACTIVITIES306.640: Vendor Payments for AFDC-Related Benefits

Vendor payments are also used to provide certain AFDC-related benefits. 106 CMR 305 includes a description of these benefits.

If the benefit is provided as an advance on the grant, the amount of the vendor payment must be deducted from the amount of the grant on which it was drawn. Other benefits are provided in addition to the grant and are provided for in the amount prescribed in 106 CMR 305.

306.650: Determination of Amount of Vendor Payments

A vendor payment for housing must be made in the amount of the rent or mortgage payment contracted for by the applicant or recipient.

A vendor payment for fuel or utilities must be made in the amount of the monthly cost of the fuel or utility averaged over a 12-month period, as determined by the applicant or recipient's arrangement with the fuel or utility company.

Regardless of the number of individual vendor payments made, the grantee-relative must be provided with an allowance for personal care in the form of a direct money payment. The total amount provided by vendor payments and the direct money payment must not exceed the total amount of the grant for which the assistance unit is eligible.

306.660: Vendor Payments for Housing

When a vendor payment is made for rental housing, the worker must obtain written certification from the City, the Town Board of Health, or, if in Boston, the Commissioner of Housing Inspection, stating that the housing complies with the minimum standards for health and safety, established by that agency.

If the housing does not meet these requirements, vendor payments will not be made and the worker shall make a referral to the Department of Social Services.

306.670: Notification of Request for Vendor Payments

An applicant or recipient must be given written notification whenever the local office receives a vendor's request that vendor payments for mismanagement be established on the basis of nonpayment of bills. The applicant or recipient, upon receipt of such notice, must be afforded the opportunity to request the establishment of voluntary vendor payments. (See 106 CMR 306.630.) If the applicant or recipient does not request the establishment of voluntary vendor payments, and a presumption of mismanagement exists, or if the Department otherwise finds that mismanagement exists, the local office shall establish vendor payments. (See 106 CMR 306.620.) The applicant or recipient must be given written notification of the disposition of the vendor's request.

306.680: Notification of Vendor Payment Status

An applicant or recipient whose grant is provided in the form of vendor payments must be given written notification of the payment status, the reasons for the status, and the right to a fair hearing.

A vendor must be given written notification whenever a vendor payment is initiated or terminated.

306.700: Quality Control

Quality Control is a system of continuing review designed to measure the accuracy of decisions on eligibility and the amount of assistance for AFDC, Medical Assistance and Food Stamps.

The Division of Quality Control has responsibility for administering the review system. The review is an on-going process based on a sample of active AFDC cases.

306.710: Requirement of Cooperation with Quality Control Reviews

When a case is selected for review, the grantee-relative is required to cooperate with the Quality Control review process as a condition of continued eligibility. Cooperation includes, but is not limited to, a personal interview with the Quality Control reviewer and the furnishing of information necessary to determine eligibility and the amount of assistance.

TABLE OF CONTENTS

307.XXX

307.000 Overview and Authority

307.100 Requirements of the ET Program

307.110 Exemptions from Participation in the ET Program

307.120 ET Status Notification

307.130 Introduction to ET

307.140 Program Participation

307.150 Conciliation

307.160 Ineligibility as a Result of Failure to Participate

307.170 Restoration of AFDC Benefits and ET Participation

307.180 Good Cause for Failure to Cooperate or for Terminating, Reducing or
Refusing Employment or Training for Employment

307.190 Appeals

307.200 Reserved

307.210 ET Support Services

307.220 Employment and Training Participation Components

307.230 Career Planning Component

307.240 Educational Component

307.250 Training Component

307.260 Assisted Placement Component

307.270 Employment Network/Job Search Component

307.280 Transition Services

307.290 Special ET Eligibility Situation

307.295 Special ET and Child-Care-Only Eligibility Situation

307.000 Overview and Authority

This chapter contains the regulations for the Employment and Training (ET) program, which is administered by the Department under the authority of the Job Opportunities and Basic Skills (JOBS) provisions of the Family Support Act of 1988.

The main objective of the ET program is to offer individuals the necessary opportunities and motivation to achieve economic self-sufficiency through placement in long-term unsubsidized employment.

307.100 Requirements of the ET Program

As a condition of eligibility all applicants and recipients included in the assistance unit must participate in the ET program, unless determined to be exempt, as stated in 106 CMR 307.110. A person determined to be exempt may participate on a voluntary basis. An applicant or recipient who participates on a voluntary basis, whether exempt or not exempt from participation, shall be given priority in the selection of the ET components and in the receipt of support services. After providing services to the volunteer, a nonexempt applicant or recipient may be required to participate to the extent resources required by the approved Employment Plan are available. A voluntary participant may withdraw his or her participation at any time without loss of AFDC benefits provided that the person remains exempt.

Participation in any of the ET components shall be to the extent that resources are available.

307.110 Exemptions from Participation in the ET Program(A) Exemptions

ET participation status shall be determined by the Case Manager. The Case Manager has an obligation to explain and explore all exemption requirements with the applicant or recipient. The following individuals are exempt from ET participation:

- (1) A child under 16 years of age.
- (2) A child at least 16 but under 19 years of age and attending a full-time elementary or secondary school, or vocational or technical training.
- (3) An individual 60 years of age or older.
- (4) An individual who is physically or mentally incapacitated and whose incapacity is expected to last 30 days or more.
- (5) An individual who is temporarily ill and whose illness is expected to last less than 30 days.

AID TO FAMILIES WITH DEPENDENT CHILDREN

EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(1 of 3) Page 307.110

- (6) An individual whose presence is required in the home on a continuous basis to provide the necessary care to a physically or mentally impaired member of the household, whether or not the latter is a member of the filing unit, when no other appropriate member of the household is available to provide such care.
- (7) A parent or other relative of a child under the age of three, who personally provides care for the child and is:
- (a) age 20 or older; or,
 - (b) under the age of 20 and has a high school diploma or its equivalent or is currently participating in an educational program that will provide the high school diploma or its equivalent.

Only one parent or relative in the assistance unit may be exempt for this reason at the same time.

- (8) A parent or other relative of a child between the ages of three and six, who personally provides care for the child, and the availability of suitable State-standard child care is not guaranteed and participation would exceed 20 hours per week.

Only one parent or relative in the assistance unit may be exempt for this reason at the same time.

- (9) An individual who is working an average of 30 or more hours per week in a cyclical month in employment expected to last a minimum of 30 days. An individual who has a temporary break in employment not expected to exceed 10 business days shall continue to be exempt. Individuals in seasonal employment may be exempt in any month in which they meet these criteria.

Self-employed individuals claiming exemption under this section shall demonstrate that they are working an average of 30 or more hours per week at their place of business and shall demonstrate that there is a reasonable expectation that the self-employment will produce reasonable earned income.

- (10) An individual for whom reasonably available public or private transportation results in round trip travel time in excess of two hours to the nearest ET site, exclusive of the time necessary to transport family members to a school or a place providing care, or for whom walking is the only available means of transportation and the round trip distance is more than two miles.
- (11) A pregnant woman in at least the second trimester.
- (12) An individual who is a full-time volunteer serving under the Volunteers in Service to America (VISTA) program.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(2 of 3) Page 307.110

- (13) An individual for whom the support services identified in the Employment Plan (see 106 CMR 307.130 (C)) as being necessary for participation are unavailable. The ET participant shall be exempt until such needs are met through the participant's efforts, the Department's efforts or a combination of the two.
- (14) An individual whose situation would result or has resulted in a determination of Good Cause for not participating as defined in 106 CMR 307.180, so long as the reason continues to exist.

(B) Verification of an Exemption

Verification of an exemption must be provided by the applicant or recipient. An applicant claiming an exemption other than incapacity or illness must submit verification within the time frames specified in 106 CMR 302.160. A recipient claiming an exemption other than incapacity or illness must submit verification within 20 calendar days of notice by the Department of his or her mandatory status. An applicant or recipient who claims an exemption on the basis of incapacity shall be allowed a maximum of 45 days from the initial notice by the Department to submit written verification from a competent medical authority, as defined in 106 CMR 301.600(F). Pending verification, an individual shall be designated as temporarily exempt.

The following verifications correspond to the exemptions indicated above:

- (1) Verification of age shall be in accordance with 106 CMR 303.120.
- (2) Verification of school attendance shall be a written statement from the appropriate school authority that the child is currently enrolled and attending. Verification of school attendance for purposes of an ET exemption is required at age 16.
- (3) Verification of age shall be in accordance with 106 CMR 303.120.
- (4) Verification of physical or mental incapacity shall be by either evidence of the eligibility for Social Security Disability Insurance (RSDI) benefits on the basis of the disability, or a written statement on a form prescribed by the Department from a competent medical authority, as defined in 106 CMR 301.600(F) that certifies that a physical or mental impairment prevents the individual from participation in employment and training activities and that the impairment is expected to last for a period of 30 days or more. Individuals who are exempt on the basis of incapacity shall be referred to the Massachusetts Rehabilitation Commission when the incapacity is expected to last 90 days or more.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 6/90

- (5) Verification of temporary illness shall be by a signed and dated statement from the parent or grantee-relative that the illness temporarily prevents the individual from participation in employment and training activities and that the illness is expected to last less than 30 days. When consecutive temporary illnesses have exceeded a total of 30 days, a written statement from a competent medical authority, as defined in 106 CMR 301.600(F), shall be required to certify that the illness temporarily prevents the individual from participation in employment and training activities and that the present illness is expected to last less than 30 additional days.
- (6) Verification that an individual is required in the home to provide continuous care to a member of the family who is ill or incapacitated shall be supported by the written statement from a competent medical authority, as defined in 106 CMR 301.600(F).
- (7) Verification of the age of a dependent child and the parent shall be in accordance with (1) above. Verification of personally providing care for the child shall be a signed and dated statement from the parent or other relative. Verification of participation in an educational program shall be a written statement from the appropriate school authority.
- (8) Verification of the age of the child and providing care shall be in accordance with 106 CMR 307.110(B)(7). Verification of lack of guaranteed suitable State-standard child care shall be by a signed and dated written statement from an appropriate official of the local Department of Social Services or a Voucher Management Agency stating the availability of child care services could not be guaranteed.
- (9) Verification of working 30 hours per week or more shall be provided in accordance with 106 CMR 304.290.
- (10) Verification of two hours round trip transportation time or two miles where walking is the only available means of transportation shall be a written statement to that effect by the individual or, if appropriate, by a collateral contact with a transportation official if public transportation is used.
- (11) Pregnancy and the month the child is expected to be born shall be verified by a written statement from a competent medical authority as defined in 106 CMR 301.600(F).
- (12) Verification of service to VISTA shall be by a written statement from the director of the VISTA agency.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 6/90

- (13) Lack of necessary support services shall be verified by a written, dated and signed statement from the ET participant; and by a written statement in the case record by the ET Specialist; and, if appropriate, by a collateral contact with the individual or organization that is known to provide the required support service.
- (14) Verification of Good Cause shall be in accordance with 106 CMR 307.180(B).

307.120: ET Status Notification

All applicants and recipients shall be notified in writing of their ET status, the exemption criteria, the rights and responsibilities associated with this status, how to access the ET components, and the right to a fair hearing if they do not agree with the status determination.

An applicant or recipient who disagrees with the determination that he or she is a nonexempt participant may appeal the status determination. Such an individual shall be considered exempt from participation until his or her appeal is heard and a decision rendered.

307.130: Introduction to ET(A) Orientation

Applicants and recipients shall be provided with a description of the ET components and the ET support services primarily at application, redetermination, and through other means determined appropriate by the Department. The Department shall:

- (1) emphasize that the main objective of the ET program is to provide a route to self-sufficiency;
- (2) collect and review information regarding the education and work history of the individual; and
- (3) identify potential barriers to participation and the support services needed to overcome the barriers.

An applicant or recipient who is determined to be exempt from participation may become a participant at any time by signing the appropriate form designated by the Department.

An applicant or recipient who is determined to be nonexempt becomes a participant in the ET program by signing the appropriate form designated by the Department.

To maintain the status as a participant, the individual shall participate in an initial assessment interview, the development of an Employment Plan, and the component activities as agreed to in the Employment Plan.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING(B) Initial Assessment Interview

- (1) If the applicant or recipient agrees, the ET initial assessment interview shall be scheduled for the same day that the application or participation form is completed. If the initial assessment interview cannot be held the same day, it shall be scheduled for the earliest mutually convenient time. If the applicant or recipient does not agree to schedule an initial assessment interview at the time the application or participation form is completed, he or she shall be informed that he or she may schedule the appointment at a later time and that if he or she does not do so, the Department shall contact him or her within a reasonable length of time to schedule the initial assessment interview. The applicant or recipient shall receive a written notice of the time, date and location of the scheduled interview.
- (2) The ET Specialist shall be responsible for conducting initial assessment interviews. The ET participant is responsible for attending the initial assessment interview unless Good Cause exists in accordance with 106 CMR 307.180.
- (3) The initial assessment interview collects information about the participant's educational and employment background, potential for employment and need for support services. It is also the time when the Employment Plan is developed with the participant. The participant shall be provided with a full description of the education and training components and be assisted in choosing the component which will best serve the goal of obtaining long-term, self-sustaining employment.

(C) Employment Plan

- (1) Participation in ET shall be based on an individual Employment Plan which is mutually agreed to between the ET participant and the Department. Prior to the completion of the Employment Plan, or at the time of change or modification of the Employment Plan, the participant shall be provided with a full explanation of the program components. The Employment Plan shall contain the progressive steps necessary for each individual to achieve the final goal of obtaining self-sustaining employment.
- (2) An approvable Employment Plan shall be based on the following:
 - (a) the participant's interest in the activity;
 - (b) the participant's educational or work background;
 - (c) the participant's ability to perform the activities;
 - (d) the activities will lead to self-sustaining employment;
 - (e) the availability of necessary support services;
 - (f) the projected demand for the skill; or
 - (g) other contributing factors.

The Department shall document the reasons for disapproving a participant's proposed plan.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

- (3) The Employment Plan shall contain:
- (a) The participant's employment goal;
 - (b) The assessment, training, or educational steps, which may be necessary to achieve the goal;
 - (c) The selected ET components to achieve the goal;
 - (d) The results of the assessment, if applicable; and
 - (e) The support services that may be necessary to achieve the goal, including needs of other family members.
- (4) The Employment Plan shall be changed or modified at any time if both the ET participant and the Department agree to the change or modification.
- (a) An ET participant may request at any time up to two complete changes in the Employment Plan. If both the ET participant and the Department agree that the proposed change is reasonable and appropriate and will result in achievement of the final goal of obtaining self-sustaining employment, the Employment Plan shall be changed in accordance with the agreement.
 - (b) The Employment Plan shall be modified at any time if both the ET participant and the Department agree the modification is appropriate and reasonable.
- (5) The Employment Plan, with any modifications, shall be a written document signed by both the ET participant and the Department. The ET participant shall receive one copy of the plan and the original shall be placed in the case record.
- (6) If the ET participant and the Department are unable to agree on the initial Employment Plan or a proposed change or modification, there shall be a review and assessment of the available information. The review shall be conducted by another Department employee and a representative of the ET participant and/or the ET participant. If this review process does not result in agreement on an Employment Plan, the ET participant may request a fair hearing in accordance with the provisions of 106 CMR 343 - Fair Hearing Rules.

(D) Component Placement and Availability

- (1) The Department shall arrange for the ET participant's placement in his or her chosen component activity.
- (2) If the agreed to component activity is unavailable due to a waiting list, the ET participant may either be placed on the

waiting list and wait until a slot is available or may request a reassessment interview and a modification of the Employment Plan.

- (3) If the agreed to component activity is not currently in operation but is scheduled to begin within six months, the ET participant may either wait until it begins or request a reassessment interview and a modification of the Employment Plan.

If the agreed to component activity is not scheduled to begin within six months, a reassessment interview shall be scheduled.

307.140 Program Participation

(A) Program Participation

The ET participant must meet the participation requirements of a particular phase or component of the ET program. If the participant fails to participate during orientation, the assessment interview, in developing the Employment Plan, or fails to meet the component participation requirements without Good Cause he or she will enter a 60-day conciliation period (see 106 CMR 307.150).

(B) Parents Under Age Twenty

A parent under the age of 20 who has not completed high school or the equivalency and is not exempt for any other reason as defined in 106 CMR 307.110, except for 106 CMR 307.110(A)(7) and 106 CMR 307.110(A)(8) may be required to participate when appropriate support services are available, on a full-time basis as defined by the educational provider, in an educational activity to provide a high school diploma or the equivalency regardless of the age of the dependent child.

The parent under the age of 18 years shall be exempt from participation in an ET educational service when he or she is currently participating in a skills training program in conjunction with an educational program.

The parent aged 18 or 19 years shall be exempt from participation in an ET educational service when:

- (1) based on the educational assessment and the individual's Employment Plan, educational activities are inappropriate for the individual and participation in another component is more appropriate; or,
- (2) satisfactory progress has not been made in the educational activity and the goals of the Employment Plan would be met through participation in another component; and,
- (3) the parent is participating in another component.

307.150: Conciliation

If an exempt or nonexempt ET participant is determined to have failed or refused to participate during any phase in the introduction to ET or during an ET component without Good Cause (see 106 CMR 307.180), the ET Specialist shall institute a conciliation period during which every effort shall be made by the ET Specialist to bring about a resolution of any disputes concerning participation. The conciliation period shall last for up to 60 calendar days.

The participant shall be notified in writing of the reason(s) for the determination of failure or refusal to participate without Good Cause, a description of the conciliation process, the right to have a representative and/or supervisory staff other than the ET Specialist present, the rights and responsibilities associated with the ET program, and the period of ineligibility that will be imposed because of an unsuccessful conciliation.

- (A) In the instance of failure or refusal to participate without Good Cause, conciliation shall be considered successful if the ET participant indicates a genuine willingness to return to participation in the activity agreed to in the Employment Plan or to modify the Employment Plan and to participate in another available activity.
- (B) In the instance of failure or refusal to participate without Good Cause, conciliation shall be determined unsuccessful when:
 - (1) The participant agrees conciliation is unsuccessful;
 - (2) The participant has exhibited a pattern of behavior based on a series of actions from which refusal to participate can be reasonably inferred; or,
 - (3) Three written notices of scheduled interviews have been sent to the participant at least 10 days apart and the participant did not respond.

If conciliation is unsuccessful, the ET Specialist must notify the Conciliation Review Panel which will conduct a review prior to final disposition.

- (C) Upon final disposition, a determination of a period of ineligibility, if applicable, in accordance with 106 CMR 307.160 must be made.

307.160 Ineligibility as a Result of a Failure to Participate

A nonexempt ET participant, who after appropriate conciliation efforts (see 106 CMR 307.150), is determined not to have Good Cause (see 106 CMR 307.180) must have a period of ineligibility imposed in accordance with the criteria specified in this section when the individual: (1) fails or refuses to participate in the ET program; (2) terminates employment. (3) reduces earnings; or, (4) fails to accept a bona fide offer of employment.

(A) Impact on Assistance Unit

- (1) When the individual is the principal earner in an AFDC-UP assistance unit, as defined in accordance with 106 CMR 303.340, the principal earner and the other parent shall be ineligible for assistance for a period of time in accordance with the provisions of 106 CMR 307.160(B). Assistance to the family shall be in the form of vendor payments to the extent possible. When the other parent is an ET participant, only the principal earner shall be ineligible for assistance.
- (2) When the nonexempt individual is any other individual in the assistance unit, that individual shall be ineligible for assistance for a period of time in accordance with the provisions of 106 CMR 307.160(B).

(B) Ineligibility Period

- (1) In the first finding, an ineligibility period shall exist until the individual agrees to participate in the program or accept employment.
- (2) In the second finding, an ineligibility period shall exist for a period of three months or until the individual agrees to participate in the program or accept employment, whichever is longer.
- (3) In any subsequent finding, an ineligibility period shall exist for six months or until the individual agrees to participate in the program or accept employment, whichever is longer.

The ineligibility period shall commence on the effective date of the grant reduction or termination resulting from the failure or refusal to participate without Good Cause.

(C) Verification of Good Cause

Good Cause shall be verified in accordance with 106 CMR 307.180.

(D) Manifestation of Failure or Refusal to Participate

An ET participant may manifest a refusal to participate in the ET program or a refusal to accept employment either by an overt action or by a de facto action.

- (1) An overt failure or refusal is a written or oral statement by an individual.
- (2) A de facto failure or refusal is any current set or pattern of behavior consisting of a series of current events from which failure or refusal to participate can be reasonably inferred.

(E) Exempt ET Participant Fails or Refuses to Participate

When an exempt ET participant, who volunteered for participation fails or refuses to participate in ET without Good Cause, he or she shall lose the priority participation status. The grant of the exempt ET participant shall not be affected.

307.170: Restoration of AFDC Benefits and ET Participation

To restore eligibility for AFDC, the nonexempt individual must:

- (A) In the first finding, at any point in the ineligibility period, agree to participate in ET or accept employment or be determined exempt in accordance with 106 CMR 307.110;
- (B) In the second finding, be at the end of the three-month ineligibility period and agree to participate in ET or accept employment or be determined exempt in accordance with 106 CMR 307.110; or
- (C) In any subsequent finding, be at the end of the six-month ineligibility period and agree to participate in ET or accept employment or be determined exempt in accordance with 106 CMR 307.110.

Three months into an ineligibility period, the Department shall notify the individual of the option to end the ineligibility period and to reapply for AFDC. Individuals in the first and second finding may reapply immediately. An individual in a six-month ineligibility period continues to be ineligible for three more months.

If the individual is determined to be eligible, the grant shall be increased or restored retroactive to the end of the ineligibility period provided that the individual applies for benefits within five work days of the end of the ineligibility period. If benefits are not requested within five work days of the end of the ineligibility period, the individual's benefits shall be restored effective to the date of such request for restoration.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING307.180: Good Cause Criteria(A) Typical Examples of Good Cause

Good Cause for failure to participate in a component, for failure to accept or refusal to accept a bona fide offer of employment or training for employment, for termination of employment, or for reduction of earnings from employment exists in, but is not limited to, the following situations:

- (1) An assignment, job referral or job does not meet appropriate work and training criteria in that:
 - (a) The employment, offer of employment, ET activity or other training for employment discriminates in terms of age, sex, race, religion, ethnic origin, or physical or mental handicap.
 - (b) The employment or offer of employment is at a wage level below the applicable federal or state minimum wage laws, or the prevailing rate for similar work, whichever, is applicable; or it exceeds the daily or weekly hours of work customary to the occupation.
 - (c) The employment, offer of employment, ET activity or other training for employment requires travel to and from the place of employment, ET activity or other training and one's home that exceeds a total of two hours in round trip time, exclusive of the time necessary to transport family members to a school or a place providing care; or when walking is the only available means of transportation, and the round trip is more than two miles, exclusive of the mileage necessary to transport family members to a school or a place providing care.
 - (d) The employment, offer of employment, ET activity or other training for employment involves conditions and specific responsibilities that impair the participant's physical or mental health or are not related to the participant's capability to perform the task on a regular basis.
 - (e) The employment, offer of employment, ET activity or other training for employment involves conditions that are in violation of applicable health and safety standards.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

- (f) The employment, offer of employment or ET work activity does not provide for Worker's Compensation Insurance.
 - (g) The employment, offer of employment or ET work activity is available due to a termination or lay-off by the employer, or due to a reduction by the employer of the number of hours of employment available or due to a strike as defined in 106 CMR 303.800, or a lockout or other bona fide labor dispute.
 - (h) The employment, offer of employment, ET activity or other training is not within the scope of the ET delivery system or does not take into consideration the participant's background and characteristics or is not within the scope of the Employment Plan.
 - (i) Accepting the employment, offer of employment or ET work activity would cause the participant to violate the terms of his or her union membership.
 - (j) Accepting the employment, offer of employment or ET work activity would cause an interruption in a program in process under the ET delivery system, or would prevent the participant from returning to his or her regular job within a reasonable time. This policy does not apply if the job offer provides regular employment and sufficient income to lead to self-support and the job offer is within the scope of the Employment Plan. It also does not apply to temporary employment while the participant is waiting for re-employment in his or her regular job.
 - (k) The employment or offer of employment is at a wage level that results in a net loss of income, in accordance with 106 CMR 307.180(C); or
- (2) The ET participant is temporarily physically incapacitated or suffers temporary physical illness; or
 - (3) The ET participant is required to appear in a court proceeding, is incarcerated, or is under sentence of the court to perform unpaid work or community service; or
 - (4) The ET participant is suffering a family crisis or changed individual family circumstance as evidenced, for example, by the death of a spouse, parent or child or an illness of a spouse, parent or child which requires the individual's immediate attention; or

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(3 of 9) Page 307.180

- (5) Inclement weather or other act of nature precluded the individual and other persons similarly situated from traveling to an ET activity; or
- (6) There is a breakdown in transportation arrangements with no ready access to alternate transportation; or
- (7) The ET participant needs any other necessary social service not specifically mentioned; or
- (8) The ET participant refuses to accept major medical services even if such refusal precludes participation in the program; or
- (9) State standard day-care is totally unavailable, or unavailable during the individual's hours of training or employment including additional commuting time, or arrangements for day-care have broken down or have been interrupted. This includes the unavailability of suitable special needs day-care for identified special needs children, i.e., handicapped or retarded children or the unavailability of suitable day-care for children with other specific needs; or
- (10) The ET participant is engaged in employment or training that is consistent with the objectives of the ET program; or
- (11) The ET participant is responsible for the care of a child who lives in the same household, is not included in the assistance unit and is therefore not eligible for child care services in accordance with 106 CMR 307.210; or
- (12) Any reason other than those specified above, when the reason is appropriate and reasonable under the circumstances.

(B) Verifications

Verification of Good Cause is mandatory. The verification(s) listed for each item below are required as stated, except for items 2,3,4,5, and 8b. For these items, up to five days of absence for any one reason or combination of reasons, shall be verified by a written, dated and signed statement from the individual stating the reason for the absence. The five days need not be consecutive. After five days of absence for any one reason or combination of reasons, verification will be required as stated under the specific reason. If a specifically required verification is provided for one or more days of absence, the day(s) for which that verification is provided shall not be counted in the five days of absence.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(4 of 9) Page 307.180

- (1) The fact that an assignment, job referral or job does not meet appropriate work and training criteria is verified by at least one of the following:
- (a) Employment, offer of employment, ET activity for employment which discriminates on the basis of age, sex, race, religion, ethnic origin or physical or mental handicap shall be verified by a written, dated and signed statement from the participant and, if appropriate, by a collateral contact with the employer by the Department.
 - (b) Employment, or an offer of employment, below the applicable federal or state minimum wage or exceeding the customary daily and weekly hours of work shall be verified by a written, dated and signed statement from the employee or prospective employee, and, if appropriate, by a collateral contact with the employer by the Department.
 - (c) Round trip time in excess of two hours, exclusive of the time necessary to transport family members to a school or a facility providing care, or when walking is the only means of transportation and the distance is in excess of two miles round trip, exclusive of the mileage necessary to transport family members to a school or a place providing care, shall be verified by a written, dated and signed statement to that effect from the participant, and, if appropriate, by a collateral contact with an appropriate transportation official.
 - (d) Conditions and specific job responsibilities that impair the participant's physical or mental health shall be verified by a written, dated and signed statement by a competent medical authority, as defined in 106 CMR 301.600(F). The participant's inability to perform the task on a regular basis shall be verified by a written, dated and signed statement from the participant, and, if appropriate, by a collateral contact by the Department.
 - (e) Conditions which violate health and safety standards shall be verified by a written statement from the appropriate local, State or Federal enforcement agency or board, if available. If the statement is not available, verification shall be by a written, dated and signed statement from the participant.
 - (f) The unavailability of Worker's Compensation shall be verified by the written statement of the employee or prospective employee and, if appropriate, by a collateral contact with the employer by the Department.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(5 of 9) Page 307.180

- (g) Termination of employment, or an offer of employment, or a reduction in the number of hours of employment available, or a strike or lockout or other bona fide labor dispute, shall be verified by one of the following:
1. A written notification of termination of employment signed and dated by the former employer; or
 2. A formal lay-off notice; or
 3. A signed and dated statement from the employer that the number of hours of employment available to the participant has been reduced; or
 4. A collateral contact with the employer; or
 5. A strike or lockout or other bona fide labor dispute shall be verified by a written statement from either the collective bargaining representative or the employer; or
 6. If none of the above is available, a written, dated and signed statement from the participant.
- (h) Employment, an offer of employment, an ET activity or other training which is not within the scope of the ET program delivery system or does not take into account a participant's background and characteristics or is not within the scope of the Employment Plan, shall be verified by a written, dated and signed statement from the ET Specialist or, if appropriate, from the participant.
- (i) Employment, an offer of employment or ET work activity which would cause the participant to violate the terms of his or her union membership shall be verified by a written, signed and dated statement from the prospective employer or by a written, dated and signed statement from an appropriate union official. If neither statement is available, verification shall be by a written, dated and signed statement from the participant.
- (j) Employment, or an offer of employment or an ET work activity which would interrupt a program in progress under the ET delivery system shall be verified by a written, dated and signed statement from the ET Specialist or, if appropriate, from the participant. Prevention of the participant returning to his or her regular job within a reasonable time shall be verified by a written, dated and signed statement from the regular employer stating when he or she expects the participant to return to employment, or by a collateral contact with the employer.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(6 of 9) Page 307.180

Verification that the job offer provides regular employment and sufficient income to lead to self-support and the job offer is within the scope of the Employment Plan shall be by the net loss of income calculation in accordance with 106 CMR 307.180(C) and by review of the participant's Employment Plan. Verification that temporary employment will interfere with the participant's re-employment in his or her regular job, shall be by a written, dated and signed statement from the participant and, if appropriate, by a collateral contact with the temporary employer.

- (2) A temporary physical incapacity or temporary illness shall be verified by a written, dated, and signed statement from the participant and, if appropriate, by a written, dated, and signed statement from a competent medical authority as defined in 106 CMR 301.600(F).
- (3) Except as stated in 106 CMR 307.180(B), a required appearance in a court proceeding shall be verified by a copy of a court summons to appear or by a written statement from the participant's legal counsel or an appropriate court official or an official court document or by a collateral contact with the participant's legal counsel or an appropriate court official. Verification of court sentence to perform unpaid work or community service shall be in accordance with 106 CMR 303.320(B)(4).
- (4) Except as stated in 106 CMR 307.180(B), family crisis shall be verified by one of the following: in cases of a family death: a newspaper death notice, written statement of an attending competent medical authority as defined in 106 CMR 301.600(F), copy of a police report, copy of a medical examiner's report or a certified death certificate; in cases of illness of a family member: a written, dated and signed statement from a competent medical authority, as defined in 106 CMR 301.600(F), evidencing the need for the participant's presence during the crisis and the date(s) of such need.

In the case of any other type of family crisis or changed family circumstance, verification shall be by a written, dated, and signed statement from the participant or by a collateral contact, if appropriate.

In the case of an ongoing illness or family crisis which requires intermittent absences, verification shall be by (1) a written, dated, and signed statement from the appropriate source(s) as stated above, stating the nature and expected overall duration of the illness or crisis; and (2) a written, dated, and signed statement from the participant stating the date and reason for the absence, each time such absence occurs.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(7 of 9) Page 307.180

- (5) Except as stated in 106 CMR 307.180(B), inclement weather or other act of nature shall be verified by news or weather service reports or collateral contact with an appropriate local official, or a representative of a public transit authority or private, licensed common carrier verifying adverse travel conditions on the date(s) in question, or, if appropriate, by a written, dated and signed statement from the ET participant.
- (6) Except as stated in 106 CMR 307.180(B), breakdown in transportation arrangements with no ready access to alternate means of transportation shall be verified by:
 - (a) A written, dated and signed statement from an automobile mechanic, garage or other auto repair facility that the participant experienced automobile failure on the date(s) in question and the nature of such failure; or
 - (b) A written, dated and signed statement from a public transportation authority that alternate public transportation was not available to the participant on the date(s) in question; or
 - (c) A written, dated and signed statement from a State, municipal or county official that no public transportation was available in the participant's location on the date(s) in question; or
 - (d) If appropriate, a written, dated and signed statement from the ET participant.
- (7) Necessary social services shall be verified by a written, dated and signed statement from a licensed medical doctor, licensed psychiatrist, licensed/certified psychologist, or licensed social worker indicating the necessity of the social service treatment, that it is considered by competent medical, psychiatric or psychological authorities, as a necessary treatment and that without the same being administered, the participant is under such a disability as to be unavailable for any type of gainful employment. If another type of service is required, verification shall be by a written, dated and signed statement from the appropriate agency or the individual providing the service.
- (8) Major medical services shall be verified by a written, dated and signed statement from a competent medical authority, as defined in 106 CMR 301.600(F), indicating the nature of the necessary major medical service, that it is considered by competent medical authorities as "major" and that without the same being performed, the participant is under such a disability as to be unavailable for any type of gainful employment.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

- (9) (a) The unavailability or breakdown of suitable State standard day care shall be verified by a written, dated and signed statement from an appropriate official of the Department of Social Services or a Voucher Management Agency stating that day-care services are unavailable in the area, or are unavailable during the hours of the participant's employment or training. If there is a breakdown of day care which is not provided through the Department of Social Services or a Voucher Management Agency, appropriate verifications, such as statements from the day-care provider, or, if not available from the provider, a written, dated and signed statement from the participant, must be submitted. If State standard day-care services are otherwise unavailable, the participant may not refuse a Department referral to a State standard day-care facility which provides suitable care and which is within a reasonable distance from the participant's home. Unavailability of suitable special needs day-care for identified special needs children or for children with other specific needs shall be verified by:
1. A written, dated and signed statement from a competent medical authority, as defined in 106 CMR 301.600(F), or appropriate school official that the child in question suffers from a special needs handicap as recognized under State law or suffers from other specific needs; and
 2. A written, dated and signed statement from the local Department of Social Services office stating that such special needs day-care services are unavailable within reasonable proximity to the participant and his or her family.
 3. If items 1 and 2 above are not appropriate, a written, dated and signed statement from the participant stating the reason for the unsuitability of the day-care and, if appropriate, a collateral contact with the day-care provider.
- (b) Except as stated in 106 CMR 307.180(B), if day-care services have been interrupted, verification shall be by a written, dated and signed statement from an appropriate official of the Department of Social Services office, the Voucher Management Agency, or from the day-care provider.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(9 of 9) Page 307.180

- (10) Verification of engaging in employment or training that is consistent with the objectives of ET shall be by:
- (a) A most recent wage stub of a written statement from the employer indicating current, ongoing employment of a minimum of 20 hours per week of at least minimum wage; or
 - (b) A written, dated, and signed statement from an ET approved education or training activity indicating the individual is properly participating in such activity; or
 - (c) A written, dated, and signed statement from the ET Specialist indicating consistency with the objectives of the ET program.
- (11) Responsibility for providing care to a child living in the home who is not in the assistance unit shall be verified by a written, dated, and signed statement from the ET participant.
- (12) Except as stated in 106 CMR 307.180(B), if the individual claims Good Cause for any reason other than those specified in 106 CMR 307.180(A), items 1 through 8, verification is by a written, dated and signed statement from the individual, or by collateral contact(s), if appropriate.

(C) Net Loss of Income as Good Cause

- (1) Good Cause for not participating in the ET program or not accepting an offer of employment while participating in ET shall exist when the monthly gross wage, less mandatory payroll deductions and a reasonable allowance for necessary work expenses, provides a monthly income less than the AFDC monthly grant amount of the assistance unit;
- (2) An ET participant who would experience a net loss of income in accordance with this subsection shall be deemed to have Good Cause for not accepting that particular offer but shall continue to participate in the ET program.
- (3) The verification of a net loss of income is mandatory and shall be a calculation performed by the ET Specialist or Case Manager. The verification of expected earned income shall be by a written, dated and signed statement from the prospective employer or, if not available from the employer, from the participant, stating the wage to be paid, the amounts and types of mandatory payroll deductions and the average number of hours to be worked.

Trans. by S.L. 900

AID TO FAMILIES WITH DEPENDENT CHILDREN
-- EMPLOYMENT AND TRAINING

Chapter 307
Page 307.190

Rev. 6/90

307.190: Appeals

If an individual's assistance is denied, reduced, or terminated as a result of a failure or refusal to cooperate with the requirements of the ET program, the individual shall be afforded a fair hearing in accordance with the provisions of 106 CMR 343 - Fair Hearing Rules.

The individual maintains the right to request a fair hearing regarding his or her ET status or participation during any phase of the ET program.

307.200: Reserved

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING307.210: ET Support Services(A) Child Care Services

Child care services shall be provided to applicants and recipients when the services are necessary to allow the individual to participate in an ET activity or accept or maintain employment in accordance with the following regulations.

Child care services shall be provided to former AFDC recipients whose AFDC benefits have been terminated due to employment, increased hours of employment, or loss of earned income disregards as specified in 106 CMR 304.280.

Child care services shall be paid for by the Department provided they do not duplicate payments from some other source.

When the ET participant is unable to make child care arrangements, the Department shall assist in making the arrangements.

(1) ET Participant Eligibility

The following ET participants shall be eligible to receive child care services for his or her child or a foster child who is (1) under the age of 13, (2) a dependent child age 13 or older and physically or mentally incapable of caring for himself or herself as stated by a competent medical authority, (3) under court supervision, or (4) an SSI child in the home who, except for SSI eligibility, would be eligible for AFDC as a dependent child:

- (a) applicants who are actively participating in the Job Search component, as included in the Employment Plan;
- (b) recipients who are actively participating in the Career Planning services, the Educational component, the Training component, an Assisted Placement component, or the Job Search component, as included in the Employment Plan;
- (c) recipients who are participating in self-initiated education or vocational or training programs, as defined in 106 CMR 307.220, on at least a half-time basis as defined by the provider, and included in the Employment Plan.
- (d) recipients who participated in an ET component(s) and enter employment or who obtained self-initiated employment but continue to be eligible for AFDC assistance. Such child care services may be provided as long as the recipient remains employed and a recipient of AFDC.
- (e) recipients who are actively participating in an ET component as included in the Employment Plan, but whose AFDC eligibility ceases for any reason other than an increase in earned income. These recipients shall only be eligible for child care services through (1) the completion of the current ET Career Planning, Training,

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 7/91

(2 of 9) Page 307.210

Assisted Placement, or Job Search component, or (2) the end of the current semester for participants in an Educational component; and

- (f) individuals who qualify for ET as specified in 106 CMR 307.290 below, and are actively participating in an ET component, as included in the Employment Plan.

Participants must be actively participating in an ET component to be eligible for child care services, with the exceptions of (1) recipients described in 106 CMR 307.210(A)(1)(c) above; (2) time during the fall/winter/spring semester break of the academic year for participants in an Educational component; (3) a period, not to exceed two weeks, while waiting to start an ET activity; or (4) a period, not to exceed one month, where child-care arrangements would be lost, and a subsequent ET activity is scheduled to begin within the month.

(2) Former Recipient Eligibility

A recipient who is terminated from AFDC on or after 4/1/90 due to employment, increased hours, or loss of the AFDC earned income disregards may request transitional child care services and shall be eligible to receive child care services for 12 consecutive months regardless of his or her ET participation history when:

- (a) he or she received AFDC in at least three of the last six months immediately preceding the month of termination;
- (b) he or she cooperates with the Child Support Enforcement Unit, unless good cause for refusing to cooperate is determined to exist in accordance with 106 CMR 303.730;
- (c) all necessary information for determining eligibility has been provided.

The former recipient shall be eligible to receive child-care services for his or her child or a foster child who is (1) under the age of 13; (2) a dependent child age 13 or older and physically or mentally incapable of caring for himself or herself, as stated by a competent medical authority; (3) under court supervision; or (4) an SSI child in the home who, except for SSI eligibility, would have been eligible for AFDC as a dependent child.

Child-care services shall be provided for a period of up to 12 consecutive months from the month of termination from AFDC. The recipient may request child care services any time during the 12-month period. This request may include a retroactive period of time, as well as a future period of time. The recipient may be responsible for payment of a fee towards the cost of the child-care service. Nonpayment of this fee by the recipient will result in ineligibility for transitional child-care services, until satisfactory arrangements are made.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(3 of 9)

Page 307.210

If employment is terminated without Good Cause, in accordance with 106 CMR 307.180, eligibility for any remaining portion of the 12-month period of child care services shall cease. If the employment is terminated with Good Cause and subsequent employment is found, the recipient shall be eligible for the remaining portion of the 12-month period.

(3) Sources of Child Care Services

(a) The Voucher Day-Care Program

The Voucher Day-Care Program provides State-standard child care and is administered by the Department of Social Services. Counselors in the voucher management agencies will discuss the child care needs with the ET participant and refer the participant to appropriate day care providers. Authorization for voucher day care services may be provided on the following basis when:

1. participation in one or more components, except for the educational component, is equal to 20 or more scheduled hours per week;
2. participation in an educational component is equal to 12 or more hours per week;
3. employed 20 or more hours per week.

The recipient shall be responsible for payment of a fee towards the cost of the day care service. The fee is based on the family circumstances.

(b) Contracted Day Care

Contracted Day Care provides State-standard child care and is administered by the Department of Social Services. Contracted day care is a subsidized child care program for certain low income families such as ET participants and former ET participants who are employed and who meet the Department of Social Services eligibility guidelines. Authorization for contracted day care services may be provided on the following basis when:

1. participation in one or more components, except for the educational component, is equal to 20 or more scheduled hours per week;
2. participation in an educational component is equal to 12 or more hours per week;
3. employed 20 or more hours per week.

The recipient shall be responsible for payment of a fee towards the cost of the day care service. The fee is based on the family circumstances.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 1/91

Chapter 307
(4 of 9) Page 307.210

(c) The Independent Child-Care System

AFDC applicants and recipients may obtain payment for child-care services through the Independent Child-Care System.

1. Providers: Services may be arranged through the Independent Child-Care System with only the following providers:
 - a. any child-care service, such as a family day-care system, that is registered with and/or licensed by the Office for Children; and
 - b. any individual 16 years of age or older who has been selected by the applicant or recipient. The individual shall be registered with and/or licensed by the Office for Children, as required, unless he or she is a relative or care is being provided in the child's home.
2. Conditions:

The selection of child-care providers and the provision of payments for child-care services shall be subject to the following conditions:

 - a. a payment not to exceed \$2 per hour per child shall be provided to child-care vendors who meet the above requirements. Payment for child-care services shall not exceed \$100 per week per child, except as authorized by the ET Supervisor.
 - b. child care services for which payment shall be provided shall not exceed 10 hours per child per day and 50 hours per child per week, except as authorized by the ET Supervisor.
 - c. the former recipient shall be responsible for payment of a fee towards the cost of the day-care service. The fee is based on the family circumstances.
 - d. payment for child-care services shall not be provided to a relative of the child who is in the same assistance unit as the applicant or recipient. This restriction shall not apply for child-care services provided to the child of:
 - (i) a minor parent who is an AFDC recipient and who meets the age requirements in 106 CMR 303.100(B); or
 - (ii) a minor parent as specified in 106 CMR 307.290(B).

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 3/90

(5 of 9) Page 307.210

- (e) payment for child care services shall not be provided to any person who is legally responsible for the child.
- (f) payment for out-of-state child care services must be approved by the ET Supervisor. The ET Supervisor shall approve out-of-state child care only when both of the following conditions apply:
 - (i) there is no other provider available within the Commonwealth; and
 - (ii) the lack of child care services would prevent the participant from participating in the ET component, as included in the Employment Plan.

(4) Verification

(a) An ET participant must:

- (1) submit verification of participation in an ET component to the ET Specialist every four weeks. Verification of participation in an ET component shall be by a written statement of the participant's attendance from the sponsor of the ET component or his or her designee, on a form prescribed by the Department; and
- (2) submit verification of having received child care services to the ET Specialist every four weeks. Verification of having received child care services shall be by a signed statement of the participant on the same form as that which verifies participation in an ET component.

(b) the former recipient using Independent Child Care must:

- (1) submit verification of employment to the ET Specialist every four weeks. Verification of employment shall be by wage stubs or a written statement from the employer; and
- (2) submit verification of having received child care services to the ET Specialist every four weeks. Verification of having received child care services shall be by a signed statement of the former recipient on a form prescribed by the Department.

(c) the former recipient using Voucher or Contracted Child Care must submit verification of employment and verification of having received child care services in accordance with the regulations set forth by DSS or the child care agency.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAININGChapter 307
Page 307.210

Rev. 3/90

(6 of 9)

(5) Termination or Denial of Day Care Services

The ET Specialist may terminate or deny authorizations for child care services with the approval of the ET Supervisor, for circumstances such as, but not limited to, the following:

- (a) the ET Specialist judges the child care services to be unsatisfactory, or not in the best interest of the child or the applicant or recipient;
- (b) the applicant or recipient is no longer an active participant in an ET component, as specified in 106 CMR 307.210(A)(1);
- (c) the selected provider of child care services is no longer available; or
- (d) the former recipient is no longer employed.

When the ET Specialist terminates or reduces an authorization for child care services the ET Specialist shall send the applicant, recipient, or former recipient a timely notice of the termination or reduction in child care services, in accordance with 106 CMR 343.140. The applicant, recipient, or former recipient may appeal any reduction or termination of child care services, in accordance with 106 CMR 343.230 and 106 CMR 343.250. When an appeal is received within the advance notice period, the benefits may be provided through the end of the month in which the appeal decision is rendered, in accordance with 106 CMR 343.250. Assistance provided pending the appeal is subject to recoupment.

When child care services are denied, the applicant, recipient, or former recipient shall be sent a notice of denial of benefits. An appeal of the denial of benefits may be filed in accordance with 106 CMR 343.230.

(6) Overpayments, Underpayments, and Recoupment

The Department shall identify and correct overpayments or underpayments in child care services in accordance with 106 CMR 306.200, et. seq. Recoupment of child care overpayments may be made only from child care benefits unless the participant voluntarily requests recovery of the overpayment from the AFDC benefits.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 3/90

(7 of 9)

Page 307.210

(B) Transportation Payments

Transportation payments shall be provided to participants in the ET components specified in 106 CMR 307.230, 307.240, 307.250, 307.260, and 307.270, subject to the following:

(1) Eligibility

The following ET participants shall be eligible to receive transportation payments:

- (a) an applicant who is actively participating in the Job Search component, as included in the Employment Plan;
- (b) a recipient who is actively participating in the Career Planning component, the Educational component, the Training component, and the Job Search component, as included in the Employment Plan; and
- (c) an individual who qualifies for the ET program as specified in 106 CMR 307.290, and is actively participating in the Career Planning component, an Educational component, the Training component, or the Job Search component, as included in the Employment Plan.

If the transportation payment allowed does not meet the actual cost to the participant of transportation, as reasonably incurred, the participant shall be exempt from participation in the ET activity.

(2) Allowable Costs

The transportation payment shall be for the verified actual cost to the participant of transportation to and from the ET activity, including the cost of transporting dependents to and from dependent care. This payment shall not exceed \$10 per day of verified participation, and shall be based on the actual cost to the participant, as reasonably incurred, of transportation by:

- (a) public bus or rail; or
- (b) private automobile, by applying the mileage rate currently allowed State employees; or
- (c) other means of transportation, when the participant provides verification that (a) and (b) are not reasonably available. Transportation by public bus or rail or private automobile is not reasonably available when such transportation would require a round-trip traveling time in excess of two hours, including the time necessary to transport dependents to and from dependent care.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 3/90

(8 of 9)

Chapter 307
Page 307.210

Public transportation and transportation by private automobile shall be the preferred modes of transportation for ET participants.

Transportation payments shall be paid by the Department or DET, as specified in 106 CMR 307.210(B)(4), provided the eligible participant is responsible for the actual cost of transportation and he or she is not receiving transportation payments for the same cost from some other source.

(3) Verification

(a) ET participants who arrange transportation to and from the ET activity, as specified in 106 CMR 307.210(B)(1), by public bus or rail or by private automobile shall provide the following verifications:

- (1) Verification of participation in the ET component, as specified in 106 CMR 307.210(B)(1), shall be by a written statement of the participant's attendance from the sponsor of the ET component or his or her designee, and shall include the dates of participation.
- (2) Verification of the actual cost to the participant of transportation to and from the ET activity, including the cost of transporting dependents to and from dependent care, shall be by a statement of the participant.

The participant shall submit these verifications to the ET Specialist once every four weeks.

(b) ET participants who arrange transportation to and from the ET activity, as specified in 106 CMR 307.210(B)(1), by any means other than public bus or rail or private automobile shall provide the following verifications:

- (1) Verification of participation in the ET component, as specified in 106 CMR 307.210(B)(1), shall be by a written statement of the participant's attendance from the sponsor of the ET component or his or her designee, and shall include the dates of participation.
- (2) Verification of the actual cost to the participant of transportation to and from the ET activity, including the cost of transporting dependents to and from dependent care, shall include receipts for the actual cost to the participant of the type of transportation used by the participant for the period covered by the transportation payment.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 3/90

Chapter 307
Page 307.210
(9 of 9)

- (3) Verification that transportation by public bus or rail or private automobile is not reasonably available, as specified in 106 CMR 307.210(B)(2)(c), shall be by a written, dated and signed statement from the participant that such transportation would require a round-trip traveling time in excess of two hours, including the time necessary to transport dependents to and from dependent care. This statement shall be verified, when appropriate, by a collateral contact by the Department with an appropriate transportation official.

The participant shall submit these verifications to the ET Specialist once every four weeks.

(4) Payment of Transportation Costs

The following agencies are responsible for payment of the transportation payments that have been verified in accordance with 106 CMR 307.210(B)(3)(a) and (b):

- (a) The Department of Employment and Training (DET) shall provide the transportation payment to participants in the Job Search component; and
- (b) The Department of Public Welfare shall provide the transportation payment to participants in all other ET components, as specified in 106 CMR 307.210(B)(1).

The payment shall be made in accordance with 106 CMR 307.210(B) provided the eligible participant is responsible for the actual cost of transportation and he or she is not receiving transportation payments for the same cost from some other source.

The authorization for the transportation payment shall be made by the ET Specialist in accordance with the provisions of this Subsection.

307.220: Employment and Training Participation Components

106 CMR 307.230 through 106 CMR 307.270 describe the component activities available through the ET program. In developing the Employment Plan, the ET Specialist and the ET participant select the component activity(ies) that will lead to the goal of long-term, self-sustaining employment. At the conclusion of a component, the ET participant and the ET Specialist shall review the next step necessary for the participant to achieve his or her employment goal.

ET-funded training and education services may only be provided as available through JTPA programs or by vendors under contract with the Department and must be in accordance with the Employment Plan. Interested participants may apply for training on forms prescribed by the Department.

An ET participant may participate in self-initiated education programs or vocational or technical training programs to the extent that the course is consistent with the goal of the Employment Plan, is at least a half-time program and the individual is in good standing, as defined by the provider. ET funding is not available for such self-initiated programs(s) unless the program is through JTPA or a vendor under contract with the Department. Training and education beyond the undergraduate level may not be included in the Employment Plan.

307.230: Career Planning Services

Career Planning, as part of the Employment Plan, may be provided for ET participants who request assistance in focusing on career goals and in identifying the educational, training or job placement options that will help in the achievement of those goals. A participant may engage in, but not limited to, the following activities:

(A) Activities may include but are not limited to:

- (1) standardized educational, vocational, and interest testing;
- (2) individual counseling;
- (3) world of work workshops; or
- (4) job sampling.

(B) Participation

The following are the criteria for participation in Career Planning Services:

- (1) a participant shall be an active recipient or an individual described in 106 CMR 307.290;
- (2) a participant may engage in Career Planning Services on a full-time or part-time basis;
- (3) Career planning services shall be provided by Department contracted sponsors.

307.240: Educational Component

The Educational component provides individualized educational services and support services needed by a participant to prepare him or her to obtain and maintain unsubsidized employment that will lead to economic self-sufficiency. Eligibility for participation in one or more of these activities shall be in accordance with the criteria specified below. The Educational component may be provided to the extent such activities are available and as included in the Employment Plan. A participant in this component may engage in the following activities:

(A) Basic Education Services

(1) Activities may include, but are not limited to:

- (a) basic literacy;
- (b) adult basic education;
- (c) General Equivalency Degree (GED) preparation;
- (d) English as a Second Language (ESL); and
- (e) Young Parent Program.

(2) Participation

The following are the criteria for participation in Educational activities:

- (a) a participant shall be an active recipient or an individual eligible in accordance with 106 CMR 307.290;
- (b) a participant must demonstrate satisfactory progress as defined by the educational provider;
- (c) a participant in the Young Parent Program shall be under the age of 24 years, currently not attending an educational program, and not have completed high school or the equivalency;
- (d) programs are offered through local and state school systems, JTPA, or contracted vendors.

(B) Colleges

Participation in a college educational curriculum shall meet the criteria of participation in an education component when:

- (1) the participant is an active recipient or an individual eligible in accordance with 106 CMR 307.290;
- (2) a college education is included in the Employment Plan;
- (3) the activities consist of a two- or four-year program at a public or private institution;
- (4) the activities are creditable toward a certificate or an Associate's or Bachelor's degree;
- (5) the participant may not already have a Bachelor's degree or higher; and
- (6) participation is on a half-time or full-time basis.

Funding for the college courses must be from federal or state educational loans or grants or other loans to the participant. ET funds shall not be provided for the cost of tuition, or for other school-related expenses, excluding child-care and transportation costs described in 106 CMR 307.210(A) and (B).

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 6/90

307.250: Training Component(A) Skills Training Component

The Skills Training component provides individualized technical work skills training and support services needed by a participant to prepare him or her to obtain and maintain unsubsidized employment that will lead to economic self-sufficiency. The Skills Training component may be provided to the extent such activities are available and as included in the Employment Plan. A participant in this component may engage in the following activities:

(1) Activities may include, but are not limited to:

- (a) classroom sessions;
- (b) internships;
- (c) workshops; or
- (d) vocational counseling.

(2) Participation

- (a) a participant shall be an active recipient or an individual eligible in accordance with 106 CMR 307.290;
- (b) a participant shall demonstrate satisfactory progress as defined by the training provider.

(B) On-the-Job Training Component

The On-the-Job Training component is an individualized program administered by the Department of Employment and Training (DET) through the network of Service Delivery Areas (SDAs). An eligible participant shall engage in a highly supervised and subsidized job placement in the private sector. Employers agree to hire ET participants and provide the additional training, supervision, and support services as necessary for the initial period of employment. The OJT participant is placed in a job that he or she would not otherwise be prepared to accept. This component will prepare the participant to obtain and maintain unsubsidized employment that will lead to economic self-sufficiency.

The following are the participation criteria for an OJT activity:

- (1) a participant shall be an active recipient or an individual eligible in accordance with 106 CMR 307.290;
- (2) participation shall be full-time or no less than 30 hours per week;
- (3) a participant shall demonstrate satisfactory progress as defined by the OJT contractor.

307.260: Assisted Placement Component

The Assisted Placement component provides several levels of individualized employment services and support services needed by a participant to prepare him or her to obtain and maintain unsubsidized employment that will lead to economic self-sufficiency. This component consists of the following activities: (1) Job Readiness; (2) Skills Sharpening; and (3) Supported Work. Eligibility for participation in one or more of these activities shall be in accordance with criteria specified below. The Assisted Placement component may be provided to the extent such activities are available and as included in the Employment Plan. Participation in one or more of the Assisted Placement activities shall be determined in accordance with Department established criteria.

(A) Job Readiness Activities

Any recipient or person eligible for ET in accordance with 106 CMR 307.290 may participate in Job Readiness. A participant in Job Readiness may engage in the following activities to prepare him or her to obtain and maintain unsubsidized employment:

(1) Activities may include, but are not limited to:

- (a) orientation;
- (b) assessment;
- (c) training in job search techniques;
- (d) job retention strategies;
- (e) resume preparation; and
- (f) job development and placement services.

(2) Participation Criteria

The following are the criteria for participation in Job Readiness activities:

- (a) a participant shall be an active recipient or an individual eligible in accordance with 106 CMR 307.290;
- (b) a participant may engage in Job Readiness on a full-time or part-time basis but he or she must participate for 20 hours each week for a period of no less than two weeks and no more than eight weeks;

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Chapter 307

Rev. 6/90

(2 of 3)

Page 307.260

- (c) a participant in Job Readiness shall receive (1) a stipend for training related expenses in an amount determined by the Department; and (2) ET child care and transportation services as needed and in accordance with 106 CMR 307.210. The training related expense stipend shall be noncountable income for (1) AFDC as specified in 106 CMR 304.250 and (2) Food Stamps in accordance with 106 CMR 363.230.

(B) Skills Sharpening Activities

A participant who has completed Job Readiness may participate in Skills Sharpening if such activities are needed to prepare him or her to obtain and maintain unsubsidized employment.

(1) Activities

Skills Sharpening may include short-term skills training to prepare the participant to obtain and maintain unsubsidized employment.

(2) Participation Criteria

The following are the criteria for participation in Skills Sharpening activities:

- (a) a participant shall be an active recipient or an individual eligible in accordance with 106 CMR 307.290;
- (b) a participant may engage in Skills Sharpening on a full-time or part-time basis but he or she must participate 20 hours each week for a period of no less than six weeks and no more than 12 weeks, except as provided in 106 CMR 307.260(C);
- (c) a participant in Skills Sharpening shall receive (1) a stipend for training related expenses in an amount determined by the Department; and (2) ET child care and transportation services as needed and in accordance with 106 CMR 307.210. The training related expense stipend shall be noncountable income for AFDC as specified in 106 CMR 304.250, and Food Stamps as specified in 106 CMR 363.230.

(C) Supported Work

- (1) A participant who has completed Job Readiness or Job Readiness and Skills Sharpening may participate in Supported Work if he or she is a grantee-relative or a person described in 106 CMR 307.260(C)(5) below, who has long-term employment barriers as demonstrated by an infrequent or erratic work history. This includes, but is not limited to, a grantee-relative who:
 - (a) has been an AFDC recipient for a minimum of two years; or
 - (b) is Hispanic or any other linguistic minority; or
 - (c) resides in public housing; or
 - (d) has a history of prior welfare assistance; or
 - (e) a person who qualifies for ET in accordance with 106 CMR 307.290.

A participant who is the principal earner in the case may not participate in Supported Work.

An eligible participant shall engage in a highly supervised and subsidized job placement in the public or private sector.

- (2) The following are the criteria for participation in Supported Work:
 - (a) participation shall be full-time for no less than 30 hours each week for a minimum period of eight weeks to a maximum of 26 weeks; and
 - (b) full-time participation may include a combination of Skills Sharpening and a Supported Work job placement if the participant is engaged in both activities at the same time.
 - (c) AFDC eligibility for Supported Work participants shall be determined considering the following; (1) an individual who is participating in Supported Work shall be paid by the Supported Work contractor; and (2) wages received through Supported Work are considered earned income; and (3) the grant of a Supported Work participant shall be calculated in accordance with 106 CMR 304.500.

However, if a Supported Work participant's financial eligibility ceases due to an increase in Supported Work earnings, the AFDC case shall remain open at a "zero" grant for the duration of the Supported Work participation and the Supported Work participant and all members of the Assistance Unit shall be considered to be receiving assistance.

307.270: Employment Network/Job Search

The Employment Network/Job Search services shall be administered by the Department of Employment and Training (DET) under contract with the Department.

Job Search activities are provided to applicants and recipients through a group or individual initiated approach. The activities shall provide ET participants with the individualized assistance and supports needed to achieve the Employment Plan's goal of seeking and obtaining self-sustaining employment. Individuals who participate in Job Search need assistance in locating, upgrading, or developing employment in keeping with their Employment Plan. Job Search activities shall be made available to a participant for up to eight weeks as an applicant in the initial 12 consecutive-month period and up to an additional eight weeks as a recipient. Job Search activities may be available to the recipient for up to an additional eight week period in a subsequent 12-month period. If agreed to by the participant and the Employment Network Worker, participation may be extended.

A JOB Search Plan shall be developed by the Employment Network Worker and the ET participant. A copy of the plan shall be forwarded to the ET Specialist. The ET Specialist shall complete an initial assessment and develop the Employment Plan within the first three weeks of participation.

Activities may include, but are not limited to:

(A) Pre-employment Services

- (1) assessment by Employment Network Worker;
- (2) employment counseling;
- (3) welfare to work seminars;
- (4) development of job search plan;
- (5) resume development;
- (6) job search workshops;
- (7) employer site visits; or
- (8) support groups.

(B) Job Search Activities

Job Search activities may include, but are not limited to:

- (1) job seeking skills,
- (2) job development skills, or
- (3) job referral activities in a supportive setting.

(C) Post-Placement Services

Post-placement services may include, but are not limited to, follow-up interviews with ET participant and the employer, and employment maintenance services through peer groups and support groups.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 9/89

Chapter 307
(1 of 2) Page 307.280307.280 Transition Services

ET Transition Services may be provided to current ET participants and certain recent recipients to assist them to obtain and maintain unsubsidized employment that will lead to economic self-sufficiency. For purposes of this section, a recent recipient shall be a person who has been a recipient of AFDC within 12 months of enrollment in Transition Services. Transition Services shall be provided to the extent such services are available. ET Transition Services consist of an Employment Preparation Program and an Employment Maintenance Program.

(1) Employment Preparation Program

The Employment Preparation Program shall assist current and certain recent recipients to overcome barriers that prevent successful entry into and completion of education, skills training and employment placement programs that will increase the rate at which participants in such programs obtain and maintain unsubsidized employment at or above standards established by the Department.

a. Services

Services shall include, but are not limited to, the following:

1. Workshops which include instruction and assistance with the development of such skills as budgeting, time management, goal setting, problem solving and decision making that will assist the participant in program participation that will lead to unsubsidized employment and economic self-sufficiency; and
2. Alumni/Peer Services which provide support and encouragement to current or potential ET program participants. Such services shall be provided by Contractors in combination with former ET participants and if appropriate, local office staff.

b. Participation

Participation in an Employment Preparation Program shall include, but is not limited to, an ET participant who has:

1. been an AFDC recipient for a minimum of two years; or
2. previously participated in ET but who terminated participation prior to component completion; or
3. not yet begun participation in an ET component; or
4. a prior history of welfare assistance and employment.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING

Rev. 9/89

(2 of 2)

Chapter 307

Page 307.280

(2) Employment Maintenance Program

The Employment Maintenance Program shall provide services to current and certain recent recipients who have obtained employment to assist them to retain the unsubsidized employment during the transition period of the first year of employment.

a. Services

Services shall include, but are not limited to, the following:

1. Workshops which include instruction and assistance with the development of such skills as work and family life management, time and stress management, and access to job upgrading resources;
2. Alumni/Peer Services designed to support participants during and after labor market entry through support groups and networks in community settings. Such services shall be provided by Contractors in combination with former ET participants who are now employed and if appropriate, local office staff.
3. Employee Assistance Program services for participants who have entered the labor market to assist with job retention. Such services may include professional counseling, mediation of employer/employee disputes, and other services that assist with other work place problems.

b. Participation

Participation in the Employment Maintenance Program shall include, but is not limited to, the following individuals:

1. recent AFDC recipients who are employed but earning an annual salary of less than a standard established by the Department;
2. AFDC recipients who are employed but still receiving AFDC; and
3. recent AFDC recipients who have become employed within six months prior to enrollment in the Employment Maintenance Program.

AID TO FAMILIES WITH DEPENDENT CHILDREN
EMPLOYMENT AND TRAINING307.290: Special ET Eligibility Situation

Except as specified in 106 CMR 307.295, a state-funded program shall provide the following individuals who are under the age of 22 years and ineligible for AFDC with all the available services and choices of component participation available through the Employment and Training program:

- (A) a pregnant woman who is herself ineligible for AFDC but whose unborn child, when born, will be eligible to receive AFDC; and
- (B) the absent parent of the unborn child in (A); and
- (C) a parent, including the absent parent, who is himself or herself ineligible for AFDC but whose dependent child is a recipient of AFDC.

307.295: Special ET and Child-Care-Only Eligibility Situation

A state-funded program shall provide a minor parent under the age of 18 with participation in the ET Education component provided that participation shall be limited to high school or a GED program and services shall be limited to ET child care for his or her dependent child(ren) while he or she is attending high school or a GED program. Except as specified in 106 CMR 307.295(D), the minor parent must meet all of the conditions specified below:

- (A) the minor parent and his or her dependent child(ren) are living with his or her natural or adoptive parent(s); and
- (B) the minor parent is attending high school or a GED program on a full-time basis; and
- (C) the gross income of the parent(s) of the minor parent with whom he or she lives does not exceed 200 percent of the Federal Poverty Level. To determine the appropriate Federal Poverty Level Standard, the assistance unit must include the minor parent, his or her dependent child(ren), the natural or adoptive parent(s) of the minor parent with whom he or she is living, and any siblings or half-siblings of the minor parent under the age of 18 living in the same home. If the minor parent is unable to obtain income verification from his or her parent(s), a self-declaration from the minor parent that his or her parent(s) has refused to provide the income verification may be accepted to establish financial eligibility.
- (D) Any minor parent who was receiving child-care services on or before October 12, 1991 because his or her child(ren) was receiving assistance under the General Relief program shall be eligible to receive child-care services for his or her child(ren) until the completion of the Employment and Training program activity in which he or she was participating on or before October 12, 1991.

307.290 Special ET Eligibility Situation

A state-funded program shall provide the following individuals who are under 22 years of age and are ineligible for AFDC with all the available services and choices of component participation available through the Employment and Training program:

- (A) a pregnant woman who is herself ineligible for AFDC but whose unborn child, when born, will be eligible to receive AFDC; and
- (B) the absent parent of the unborn child in (A); and
- (C) a parent, including the absent parent, who is himself or herself ineligible for AFDC but whose dependent child is a recipient of AFDC.

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EMERGENCY ASSISTANCE

Chapter 309

Rev. 10/92

Page 309.XXX

SECTION

309.XXX

TABLE OF CONTENTS

| | |
|---------|---|
| 309.010 | Authority |
| 309.020 | Eligibility |
| 309.030 | Scope of Assistance |
| 309.040 | Emergency Assistance Program Situations and Benefits |
| 309.050 | Table of Time Periods for Recipient Actions and Department Actions in the Emergency Assistance Program |
| 309.060 | Provision of Benefits for Rental and Mortgage Arrearages, Utility and Fuel Arrearages, and Nondelivery of Fuel |
| 309.070 | Notification Requirements and Fair Hearing Rights - EA |

EMERGENCY ASSISTANCE

309.010: Authority

Emergency Assistance (EA) to needy families with dependent children under the age of 21 or to a pregnant woman without any dependent children shall be made available in accordance with the provisions of this chapter.

309.020: Eligibility

Emergency Assistance may be provided, in accordance with the timetable in 106 CMR 309.050, on behalf of a needy child under the age of 21 or a pregnant woman without any needy children and other members of the household provided the following criteria are met.

- (A) The child is (or, within six months prior to the month in which Emergency Assistance is requested, has been) living within the household. For the purposes of Chapter 309, the household consists of the needy child and all of the relatives specified in 106 CMR 303.210. In the case of a pregnant woman the household consists of the pregnant woman and all of the relatives of the unborn child as specified in 106 CMR 303.210. The pregnancy is verified in writing by a statement from a competent medical authority as defined in 106 CMR 301.600(F).
- (B) The child or pregnant woman's need has not occurred because the child or pregnant woman or a relative with whom the child or pregnant woman lives refused without good cause, as defined in 106 CMR 303.340(E), to accept employment or training for employment and this refusal caused the household's current need for Emergency Assistance.
- (C) The household's gross income is less than or equal to the AFDC Eligibility Standard for a unit of that size as specified in 106 CMR 304.400. Gross income shall be determined in accordance with 106 CMR 304.210 through 304.250.
- (D) The household's countable assets do not exceed one thousand dollars (\$1,000). Countable assets shall be determined in accordance with 106 CMR 304.120 through 304.140.
- (E) An eligible household may be authorized to receive EA within a single 30-consecutive-day authorization period provided that the eligible household has not received EA in the 12 consecutive months prior to the date of application except as provided in 106 CMR 309.030.

EMERGENCY ASSISTANCE

- (F) All authorizations for EA must be completed within the 30-consecutive-day authorization period following the date of the issuance of the first authorization. Authorizations may be completed for needs that arose before the 30-consecutive day authorization period or for needs that will extend beyond the 30-consecutive-day authorization period. Authorizations are to be issued for all EA needs identified during the 30-consecutive day authorization period. Authorizations must be completed for any needs identified within the 30-consecutive-day authorization period regardless of whether the specific payee and amount of benefit(s) to be paid can be determined or all required verifications have been received within the 30-consecutive-day authorization period. Authorizations are to be valid for up to twelve months after issuance provided the benefit is related back to the emergency(ies) that were identified during the single 30-consecutive-day authorization period.
- (G) When an application for EA is denied but on appeal is approved, the authorization date for purposes of determining the commencement of the twelve month period shall be the date of application.
- (H) No member of the EA household has within one year immediately prior to the filing of an application for Emergency Assistance made an assignment or transfer of real or personal property for the purpose of becoming eligible for Emergency Assistance.

309.030: Scope of Assistance

- (A) In the event of disasters beyond the control of the applicant, including, but not limited to, hurricanes, tornadoes, earthquakes, fires, or floods, an eligible household may be authorized to receive EA even if the household has received EA in the past twelve months.
- (B) In the instance of fire, the household must assign to the Department all rights to insurance benefits under Massachusetts General Law, Chapter 175, Section 99 (Fifteenth A), up to the amount of EA that may be paid under this chapter.
- (C) EA benefits for specific items shall not exceed the amounts specified in this chapter.

309.040: Emergency Assistance Program Situations and Benefits(A) Homelessness Due to Lack of Feasible Alternative Housing(1) Conditions for the Provision of Benefits

- (a) An EA household shall not be eligible for EA benefits if the household has rendered itself homeless for the sole purpose of making itself eligible for EA or for a housing subsidy.
- (b) Only those EA eligible households who have no feasible alternative housing may be provided with the benefits specified in 106 CMR 309.040(A)(2). Feasible alternative housing shall include the following:
 - 1. any currently available living situation except where:
 - a. the EA household must relocate because of the severity of a disaster, including, but not limited to, fires, hurricanes, tornadoes, earthquakes or floods, as verified by a written report from the fire or police department or the Red Cross; or
 - b. the landlord has obtained a judgment for possession pursuant to 106 CMR 309.040(B); or
 - c. the homelessness or current living arrangement has been determined to be a threat to the health and/or safety of the EA household pursuant to 106 CMR 309.040(C); or
 - d. the EA household has to leave its dwelling due to the mistreatment of an EA household member(s) pursuant to 106 CMR 309.040(D); or
 - e. there is a determination by a competent medical authority that the EA household must relocate for medical reasons pursuant to 106 CMR 309.040(E); or
 - 2. any currently available temporary suitable accommodation with relatives, friends, or charitable organizations which is defined as housing that (1) will accommodate the entire EA household; (2) has not threatened the tenancy of the host family; and (3) is for the duration that is acceptable to the host family; or
 - 3. other currently available permanent housing.

A household requesting benefits pursuant to 106 CMR 309.040(A) must submit the applicable verifications pursuant to 106 CMR 309.040(B), 309.040(C), 309.040(D) or 309.040(E), except for disaster as specified in 106 CMR 309.040(A)(1)(b)1.a.

(2) Available Benefits

An EA eligible household who is homeless may be provided with temporary emergency shelter subject to the following conditions;

- (a) Temporary emergency shelter shall be authorized only after the local office director or designee determines there is no feasible alternative housing and that suitable temporary accommodations with friends, relatives, or charitable organizations as defined in 106 CMR 309.040(A)(1)(b) are not available. Such authorization may be withdrawn if suitable temporary accommodations or feasible alternative housing subsequently become available.
- (b) Authorization for temporary emergency shelter must be completed within the 30-consecutive-day authorization period starting with the first EA authorization.
- (c) The Department shall make reasonable efforts to locate temporary emergency shelter that will accommodate the entire household.
- (d) An EA household requiring temporary emergency shelter shall be placed in a family shelter when such shelter is available. Temporary emergency shelter in a hotel or motel may only be authorized as an interim measure after the Department determines that there is no family shelter with space available. A minor parent, as defined in 106 CMR 304.236, shall only be placed in a hotel or motel as a last resort. If such a placement is necessary on an interim basis, the Department shall transfer the minor parent to a family shelter or specialized shelter for minor parents as soon as possible.
- (e) Unless otherwise indicated in this section, temporary emergency shelter shall be provided:
 - 1. in a family shelter located in one of two communities that the EA household designates at the time of authorization of temporary emergency shelter. These communities shall be one in which the EA household states that it has meaningful ties and will concentrate its housing search and the second community designated by the EA household for housing search;
 - 2. in a family shelter in the communities adjacent to the designated communities if space is not available for the EA household in a family shelter in the communities designated pursuant to 106 CMR 309.040(A)(2)(e)1. above;
or

EMERGENCY ASSISTANCE

3. in a family shelter in a community within 20 miles of any border of the communities designated pursuant to 106 CMR 309.040(A)(2)(e)1. above if space is not available for the EA household in a family shelter pursuant to 106 CMR 309.040(A)(2)(e)1. and 2. above.

If family shelter space is not available pursuant to 106 CMR 309.040(A)(2)(e)1., 2., or 3. above, temporary emergency shelter shall be provided in a hotel or motel as an interim measure. The location of the interim hotel or motel placement shall be determined as in 106 CMR 309.040(A)(2)(e)1., 2. and 3. above. The Department shall transfer an EA household that has been placed in a hotel or motel as an interim measure to such a family shelter when space becomes available.

- (f) An EA household that is placed in a hotel or motel as an interim measure while waiting for available space in a family shelter shall be advised at the time of authorization of the hotel or motel that it shall be placed in a family shelter as soon as space is available and that it must schedule an interview(s) at the family shelter(s). An EA household that: (1) unreasonably fails to attend scheduled family shelter(s) interview(s); or (2) unreasonably refuses a placement in the family shelter; or (3) behaves unreasonably at the scheduled interview(s) resulting in the nonacceptance of the EA household by the family shelter(s) shall be placed in a shelter that may be designated by the Department without regard to location.
- (g) The recipient shall sign a written agreement with the Department at the time of the authorization of temporary emergency shelter specifying the responsibilities of the EA household and the Department and incorporating the conditions for the provision of temporary emergency shelter and the benefits described herein. Such agreement shall remain in effect for the entire period of homelessness. Failure to sign and/or comply with the agreement shall result in the placement of the EA household in a shelter that may be designated by the Department without regard to location.
- (h) The EA household shall designate at the time of the authorization of temporary emergency shelter the communities in which it will concentrate its housing search efforts. These communities shall include the community designated by the EA household as one in which it has meaningful ties, another community designated by the EA household and any of the communities adjacent to either of these two communities. The EA household shall have a Department worker, a shelter staff member, or a staff member from another state agency or an agency under contract with a state agency assigned to it to assist in the search for permanent housing. While in temporary emergency shelter, the EA household must:

Page 10

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial system and for providing a clear audit trail. The text also mentions that this practice helps in identifying any discrepancies or irregularities early on.

2. The second part of the document outlines the specific procedures for recording transactions. It details the steps involved in entering data into the system, including the use of standardized codes and formats. It also discusses the importance of double-checking entries to ensure accuracy and the need for proper documentation of all transactions.

3. The third part of the document addresses the issue of data security. It highlights the need for robust security measures to protect sensitive financial information from unauthorized access or theft. This includes the use of encryption, secure storage, and strict access controls. The text also mentions the importance of regular security audits and updates to the system.

4. The fourth part of the document discusses the role of the accounting department in the overall financial management of the organization. It emphasizes the importance of providing timely and accurate financial reports to management and other stakeholders. The text also mentions the need for the accounting department to stay up-to-date with the latest financial regulations and standards.

5. The fifth part of the document concludes by summarizing the key points discussed and reiterating the importance of maintaining accurate records and following the established procedures. It also mentions that the document is intended to serve as a guide for all staff involved in financial transactions and that it should be reviewed regularly to ensure its relevance and effectiveness.

EMERGENCY ASSISTANCE

1. make all reasonable efforts to obtain permanent housing as required in the written agreement pursuant to 106 CMR 309.040(A)(2)(g);
2. meet at least weekly with the person assigned to assist in the search for permanent housing;
3. at a minimum engage in housing search or housing search related activities four days per week. Housing search related activities are activities that can significantly and directly contribute to the household's ability to find, occupy or retain permanent housing.

Failure to comply with paragraphs 106 CMR 309.040(A)(2)(h)1. or 2. or an unreasonable failure to comply with paragraph 106 CMR 309.040(A)(2)(h)3., shall result in the placement of the EA household in a shelter that may be designated by the Department without regard to location.

- (i) If an EA household is asked to leave two temporary emergency shelter placements, further temporary emergency shelter shall be provided in a shelter that may be designated by the Department without regard to location. The two temporary emergency shelter placements shall include family shelter(s), hotel(s), motel(s) and/or a temporary emergency shelter placement that may have been designated by the Department without regard to location because of the EA household's failure to sign and/or comply with the agreement specified in 106 CMR 309.040(A)(2)(g) above.

The reasons that an EA household may be asked to leave a temporary emergency shelter for purposes of this subsection shall be determined and approved by the Department and include: (a) three or more violations of the rules established by the temporary emergency shelter; or (b) posing a threat to the health or safety of self, other guests and/or staff of the temporary emergency shelter. The local office director in conjunction with the temporary emergency shelter director or owner may in his or her discretion determine that the reason(s) the EA household has been asked to leave the temporary emergency shelter(s) is not applicable to this subsection. Hotels and motels are available in such situations only as an interim measure until space is available in a shelter designated by the Department without regard to location.

If an EA household, that has been asked to leave two temporary emergency shelters, is then asked to leave the shelter that may have been designated by the Department without regard to location for one or more of the reasons specified above, the EA household shall be ineligible for further temporary emergency shelter. The Department shall not terminate shelter until it has ensured that the needy child(ren) are not at risk due to this termination and

EMERGENCY ASSISTANCE

has informed the head of the EA household of other available services, including, but not limited to, eligibility for continuing housing search services. The EA household shall be notified of such termination in accordance with 106 CMR 309.070.

- (j) If an EA household rejects three opportunities for safe, permanent housing in the communities that it has designated for housing search in its written agreement with the Department, continued temporary emergency shelter shall be provided in a shelter that may be designated by the Department without regard to location. Hotels and motels are available in such situations only as an interim measure until space is available in a shelter that may be designated by the Department without regard to location.
- (k) The local office director or designee shall notify the Department of Social Services (DSS) when temporary emergency shelter is authorized for an EA household so that DSS may provide appropriate support services.
- (l) The local office director or designee may notify the applicable Housing Search Contractor when temporary emergency shelter is authorized for an EA household so that the Housing Search Contractor may provide appropriate housing search services.
- (m) The EA household shall be provided with Housing Search Services, in accordance with 106 CMR 309.040(G)(4).
- (n) 106 CMR 309.070 contains Department notification requirements and fair hearing rights.

(B) Prevention of Homelessness Due to Imminent Eviction

(1) Conditions for the Provision of Benefits

- (a) When an EA household has received a notice to quit from its landlord or a notice of initiation of mortgage foreclosure from the mortgage holder, the EA household may be eligible for payment of rental or mortgage arrearages if the landlord/mortgagor agrees to accept the EA payment in accordance with 106 CMR 309.060 for the arrearage and he or she terminates the eviction or foreclosure proceedings. The EA household must provide a copy of the notice to quit or the notice of initiation of foreclosure proceedings, as appropriate, prior to the authorization of these benefits. Such verification must be filed in the case record.

The written agreement of the landlord to terminate the eviction proceedings required in 106 CMR 309.060 is not required for payment of an arrearage if a court orders an eviction proceeding dismissed upon payment of an arrearage. A copy of the court order to that effect or a written statement from the clerk of court's office shall be adequate

1. The first part of the document discusses the importance of maintaining accurate records of all personnel activities. It emphasizes that these records are essential for ensuring the integrity of the organization's operations and for providing a clear audit trail.

2. The second part of the document outlines the specific procedures for collecting and maintaining personnel data. It details the responsibilities of various departments and the steps involved in updating the database to reflect changes in personnel status and assignments.

3. The third part of the document addresses the security measures that must be implemented to protect personnel information. It discusses the need for strict access controls and the importance of regular security audits to identify and mitigate potential vulnerabilities.

4. The fourth part of the document provides a summary of the key findings and recommendations from the review. It highlights the areas where improvements are most needed and offers practical suggestions for implementing these changes.

5. The fifth part of the document contains the conclusions and final recommendations. It reiterates the importance of ongoing monitoring and evaluation to ensure that the personnel management system remains effective and secure over time.

6. The sixth part of the document provides a detailed list of the personnel data that was reviewed. This includes names, titles, departments, and other relevant information, presented in a clear and organized format.

7. The seventh part of the document discusses the implications of the findings for the organization's overall personnel management strategy. It suggests ways in which the identified issues can be addressed to improve the efficiency and effectiveness of the system.

8. The eighth part of the document provides a final summary of the key points and recommendations. It emphasizes the need for continued attention to personnel management and the importance of following the suggested actions to achieve the desired outcomes.

9. The ninth part of the document contains the final conclusions and recommendations. It reiterates the importance of the personnel management system and the need for ongoing improvement and security measures to protect the organization's interests.

EMERGENCY ASSISTANCE

verification. The EA payment for the arrearage shall be made through the Homeless Emergency Rent System (HERS) when the ordered time for payment is less than the time required for payment through the Special Services Payment System.

- (b) When the EA household: (1) has been evicted; or (2) cannot stop its eviction by the payment of the rent or mortgage arrearage in accordance with 106 CMR 309.060; or (3) has an expired lease and the household has no option to renew the lease; and the household has been unable to obtain feasible alternative housing, the benefits in 106 CMR 309.040(A) apply. However, the present residence continues to be feasible alternative housing until the landlord obtains a judgment for possession, or the foreclosure occurs, or the expiration of the lease. The EA household may be eligible for Housing Search Services as specified in 106 CMR 309.040(B)(2)(b) below to assist the EA household in obtaining feasible alternative housing prior to the landlord's obtaining a judgment for possession, or the foreclosure occurs, or the expiration of the lease. The EA household must provide written documentation that the landlord has obtained a judgment for possession, or the foreclosure is going to be executed, and that the landlord or mortgagor refuses to accept the EA payment of arrearages in accordance with 106 CMR 309.060 and to stop the eviction or foreclosure proceedings or the landlord has refused the EA household the opportunity to renew its lease. Such verification shall be filed in the case record. The benefits in 106 CMR 309.040(A) shall not be provided if the rental or mortgage arrearage is paid or if the EA household refused the option to renew its lease.

(2) Available Benefits

The following benefits may be provided to an eligible EA household to prevent homelessness due to an imminent eviction:

- (a) Payment of rental or mortgage arrearages, in accordance with 106 CMR 309.060;
- (b) Housing Search Services, in accordance with 106 CMR 309.040(G)(4);
- (c) Temporary Emergency Shelter, in accordance with 309.040(A)(2).

EMERGENCY ASSISTANCE

(C) Homelessness Due to a Verified Threat to the Health and/or Safety of the EA Household(1) Conditions for the Provision of Benefits

The conditions that may present a threat to the health and/or safety of the EA household shall include, but not be limited to, (a) overcrowding in accordance with the State Sanitary Code; (b) violations of the State Sanitary Code that exist and have not been corrected in the specified time frame and the time frame for correction(s) has elapsed and the correction(s) have not been made; or (c) other threat to the health and safety of the EA household as determined by the Department.

The verification of the threat to the health and/or safety of the EA household due to issue(s) related to overcrowding or other potential violations of the State Sanitary Code shall be provided by written documentation from the local Board of Health, or Code Enforcement Agency, or other agency designated by the Commissioner that either: (a) the dwelling has been determined to be overcrowded in accordance with the State Sanitary Code; or (b) other State Sanitary Code violation(s) have been identified, the time period allowed to correct the violation(s), and that the violation(s) has not been corrected within the specified time as found in the State Sanitary Code regulations found in 105 CMR 410.000 et seq.

The verification of other threat(s) to the health and/or safety of the EA household shall be provided by a written assessment from the Department of Social Services or other agency designated by the Commissioner. Such assessment shall include a determination as to whether: (a) a threat to the health and/or safety of the EA household exists in its present living arrangement and as a result the immediate removal of the EA household from its present living arrangement is required; or (b) a threat to the health and/or safety of the EA household existed in the most recent living arrangement that the EA household left and the EA household is unable to return to this most recent living arrangement because the threat to its health and/or safety continues to exist in the most recent living arrangement or the most recent living arrangement is not currently available to the EA household. The local office director or his or her designee may, at his or her discretion, waive the assessment requirement for those EA households who have left their most recent living arrangement and such living arrangement is not currently available to the EA household.

No EA temporary emergency shelter benefits as specified in 106 CMR 309.040(A)(2) shall be provided if the applicable verification determines that the present living arrangement, or the most recent and still currently available living arrangement, of the EA household does not present a verified threat to the health and/or safety of the EA household that requires immediate removal of the EA household from its present living arrangement.

EMERGENCY ASSISTANCE

The local office director or his or her designee may authorize temporary emergency shelter placement of the EA household while the verification of the threat to the health and/or safety of the EA household is being obtained and shall authorize temporary emergency shelter for the EA household while the verification of the threat to the health and/or safety of the EA household is being obtained when there are no temporary suitable accommodations for the EA household. As a condition of receipt of the temporary emergency shelter prior to obtaining the verification(s), the EA household must: (a) provide a written statement explaining the reason(s) the EA household left, or must leave, its most recent living arrangement; and (b) agree in writing to cooperate in the verification process. The local office director or his or her designee may terminate such temporary emergency shelter placement if no verification(s) are provided or the assessment verifies there is no threat to the health and/or safety to the EA household.

(2) Available Benefits

The following benefits may be provided to an eligible EA household when the EA household has a verified threat to its health and/or safety that: (1) requires immediate removal of the EA household from its present living arrangement; (2) or most recent but not currently available living arrangement; and the EA household has no feasible alternative housing:

- (a) Temporary emergency shelter as specified in 106 CMR 309.040(A)(2);
- (b) Housing Search Services in accordance with 106 CMR 309.040(G)(4).

(D) Homelessness Due to Mistreatment of an EA Household Member(s)

(1) Conditions for Provision of Benefits

The benefits specified below may be provided to an eligible EA household that has no feasible alternative housing as specified in 106 CMR 309.040(A)(1)(b) when one of the EA household members is being mistreated and must leave the home together with the needy child(ren). The needy child(ren) requirement is waived in the situation in which the applicant for EA is a pregnant woman without any children. For purposes of this section the EA household shall exclude the abusing member of the household and his or her income and assets. A household requesting benefits under this subsection must provide:

- (a) A written signed statement from the agency worker who is providing social services to the individual or family who is undergoing mistreatment; or
- (b) A written signed statement from the EA household that describes the nature of the mistreatment.

A copy of the statement(s) must be filed in the case record.

(2) Available Benefits

- (a) Temporary emergency shelter as specified in 106 CMR 309.040(A)(2);
- (b) Housing Search Services in accordance with 106 CMR 309.040(G)(4).

(E) Homelessness due to Relocation for Severe Medical Reasons

(1) Conditions for Provision of Benefits

The benefits specified below may be provided to an eligible EA household when a member of the household has a severe medical condition that requires that the EA household leave its present living arrangements and the EA household has no feasible alternative housing as specified in 106 CMR 309.040(A)(1)(b).

The EA household must submit a signed statement from a competent medical authority as defined in 106 CMR 301.600 indicating the nature of the severe medical condition and the need for the household to move to other permanent housing for medical reasons.

(2) Available Benefits

- (a) Temporary emergency shelter as specified in 106 CMR 309.040(A)(2);
- (b) Housing Search Services in accordance with 106 CMR 309.040(H)(4).

(F) Utility Shutoff and Nondelivery of Fuel

(1) Conditions for the Provision of Benefits

- (a) EA may be authorized for an EA household to continue or restore utility services if the vendor has agreed in writing, on a form prescribed by the Department, that service shall be continued or restored before or upon receipt of authorization when:
 - 1. service has been shut off; or
 - 2. a notice of intended utility shutoff has been received;
or
 - 3. there is an arrearage but shutoff is prohibited by statute.

EMERGENCY ASSISTANCE

The statutory provisions that prohibit shutoff of utility service are the winter moratorium, serious illness of a member of the household, a child in the household under the age of 12 months, and all members of a household are age 65 or older.

Utilities do not include the telephone.

- (b) EA may be authorized for an outstanding fuel liability if the dealer has agreed in writing, on a form prescribed by the Department, that future fuel deliveries will not be withheld based upon any remaining outstanding liabilities.
- (c) EA may be authorized for one or more fuel deliveries when the EA household is unable to receive a current fuel delivery. All fuel deliveries must be made within the 30-consecutive-day authorization period.

(2) Available Benefits

The amount of the EA payment to prevent utility shutoff, to restore utility service, or to provide delivery of fuel shall be in accordance with 106 CMR 309.060.

(3) Restrictions

When federal or state energy assistance funds are available through the Fuel Assistance Program agencies, a household must apply for and use these funds before an EA application under this section may be processed. If the Fuel Assistance agency administering the energy funds does not provide the household with benefits within seven calendar days of the EA application (or less than seven calendar days if necessary to avoid any serious and imminent risk to the health or safety of any member of the household), the EA application must be processed.

(G) Other Services

When appropriate, the following services provided by the Department or by groups operating under interagency agreements or contract with the Department shall be available to members of EA eligible households. The EA household must be eligible for EA because of a situation described in 106 CMR 309.040.

- (1) Information Services, to give EA households written and verbal data about benefits and programs designed to help the households out of their emergency situations. Such programs and benefits are offered by public and private agencies.
- (2) Referral Services, to make arrangements for EA households to receive the additional benefits and services the EA household needs.

EMERGENCY ASSISTANCE

- (3) Counseling, to provide guidance and advice on setting and reaching personal objectives. Typical areas for counseling include career choices, parenting, substance abuse, and budgeting.
- (4) Housing Search, to assist EA households in temporary emergency shelters and certain households in need of homelessness prevention in locating and securing public or private rental housing.

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EMERGENCY ASSISTANCE

Chapter 309

Rev. 10/92

Page 309.050

309.050: Table of Time Periods for Recipient Actions and Department Actions in the Emergency Assistance Program

See 106 CMR 301.500 through 301.530.

| EMERGENCY ASSISTANCE BENEFITS | RECIPIENT VERIFICATION TIME FROM DATE OF DEPARTMENT NOTICE | DEPARTMENT SERVICE DELIVERY TIME (IF VERIFICATION IS TIMELY) FROM DATE OF REQUEST FOR SERVICES |
|---|---|---|
| 1. Temporary emergency shelter | 2 calendar days | 7 calendar days* |
| 2. Voucher for shelter arrearages | 4 calendar days | 7 calendar days* |
| 3. Voucher for fuel and utility arrearages | 4 calendar days | 7 calendar days* |
| 4. Voucher for current fuel delivery | 4 calendar days | 7 calendar days* |

* The service shall be provided in fewer than seven days when there is serious and imminent risk to the health or safety of the recipient.

EMERGENCY ASSISTANCE

309.060: Provision of Benefits for Rental and Mortgage Arrearages, Utility and Fuel Arrearages, and Nondelivery of Fuel(A) Rental or Mortgage Arrearage

- (1) Households meeting the conditions specified in 106 CMR 309.040(B) shall be eligible for EA in the form of a payment for rental or mortgage arrearage subject to the following conditions:
 - (a) The applicant states in writing the amount of the current monthly payment for the dwelling, the amount of arrearage and the number of months he or she has been in arrears; and
 - (b) The landlord or mortgagee agrees in writing, on a form prescribed by the Department, to the amount of arrears, to the number of months in arrears, to the monthly payment for the dwelling, and that all eviction or foreclosure proceedings will be terminated before or upon receipt of the EA authorization and will not be instituted again on the basis of any remaining obligations; and
 - (c) For rental arrearage, a copy of a court order or a written statement from the court clerk's office stating that the eviction will be dismissed upon payment of an arrearage as specified in 106 CMR 309.040(B); or
 - (d) For mortgage arrearage:
 1. the applicant must provide a copy of the deed to the property and/or a copy of the mortgage, one of which must have a reference as to where the deed is recorded with the appropriate Registry of Deeds (e.g., Book and Page Number); and
 2. the applicant(s) agrees in writing to the placement of a lien on the applicant's dwelling to entitle the Department to recover an amount equal to the amount of EA mortgage arrearage payment, as well as interest in accordance with M.G.L. c.107, s.3. This agreement shall be on a form prescribed by the Department and must be signed by the EA applicant(s) before authorization of any mortgage arrearage payment.
- (2) The EA payment to prevent the eviction or foreclosure shall be the lowest amount of one of the following:
 - (a) The full amount of the outstanding arrearage;
 - (b) Three times the current monthly mortgage; or
 - (c) Three times the current monthly rent (four times the current monthly rent if the local office director or designee certifies in writing that the household would otherwise become homeless).

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud. The document also notes that records should be kept for a sufficient period of time to allow for a thorough review if necessary.

In addition, the document highlights the need for transparency and accountability in all financial dealings. It states that all transactions should be clearly documented and that the responsible parties should be identified. This helps to ensure that there is no ambiguity about the source and purpose of any funds.

The document also addresses the issue of confidentiality. It stresses that financial information should be kept secure and that access should be restricted to authorized personnel only. This is to prevent unauthorized disclosure of sensitive data and to protect the privacy of individuals and organizations.

Furthermore, the document discusses the importance of regular audits and reviews. It states that these are necessary to ensure that the financial system is operating correctly and that all transactions are properly recorded. Audits also help to identify any weaknesses or areas for improvement in the system.

The document concludes by reiterating the importance of these principles and the need for everyone involved in the financial system to adhere to them. It states that by following these guidelines, the system can remain robust, secure, and trustworthy.

It is also noted that these principles are not only applicable to the financial system but also to other areas of the organization. For example, the same principles of transparency and accountability can be applied to human resources and operations.

The document further emphasizes that these principles are essential for the long-term success of the organization. It states that by maintaining high standards of financial integrity, the organization can build trust with its stakeholders and ensure its continued growth and stability.

In summary, the document provides a comprehensive overview of the key principles governing the financial system. It stresses the importance of accuracy, transparency, confidentiality, and regular audits, and encourages all personnel to uphold these standards.

The document is intended to serve as a guide for all those involved in the financial system and to ensure that everyone is aware of their responsibilities. It is a fundamental document that should be read and understood by all personnel.

(B) Intended or Actual Utility Shutoff

- (1) Households meeting the conditions specified in 106 CMR 309.040(F) shall be eligible for EA in the form of payment for a utility arrearage subject to the following conditions:
 - (a) The utility company states in writing the actual utility liabilities for service costs were incurred during a maximum period of 12 months prior to the last service;
 - (b) The utility company provides an accounting of the actual service costs for the months selected by the EA applicant to be used in calculating the maximum amount of benefits;
 - (c) The utility company agrees in writing, on a form prescribed by the Department, that service will be continued or restored before or upon receipt of the authorization and that service shutoff will not be reinstituted on the basis of any remaining obligation.
- (2) The EA payment to prevent utility service shutoff shall be the lesser amount of either:
 - (a) The full amount of the outstanding arrearage; or
 - (b) Three months utility service (four months utility service, if the local office director, or designee, certifies in writing that the household would otherwise be without service). The months to be used in the calculation of the maximum EA benefits may include months prior to and/or the month of the application for EA as specified in 106 CMR 309.060(B)(1)(a) above and are to be determined by the EA applicant.

(C) Outstanding Fuel Liability

- (1) Households meeting the conditions specified in 106 CMR 309.040(F) and having an outstanding fuel liability shall be eligible for EA in the form of a payment to allow delivery of fuel subject to the following conditions:
 - (a) The fuel dealer states in writing the actual fuel liabilities were incurred during a maximum period of 12 months prior to the last service;
 - (b) The fuel dealer provides an accounting of the cost of actual fuel delivered for the months which the EA applicant has selected to be used in the calculation of the maximum EA benefits; and
 - (c) The fuel dealer agrees in writing, on a form prescribed by the Department, that future fuel deliveries will not be withheld on the basis of any remaining obligation.
- (2) The EA payment for an outstanding fuel liability shall be the lesser amount of either:
 - (a) The full amount of the outstanding arrearage; or,
 - (b) Three months fuel (four months fuel, if the local office director, or designee, certifies in writing that the household would otherwise be without service). The months to be used in the calculation of the maximum EA benefits may include months prior to and/or the month of the application for EA as specified in 106 CMR 309.060(C)(1)(a) above and are to be determined by the EA applicant.

(D) Nondelivery of Fuel

- (1) Households meeting the conditions in 106 CMR 309.040(F) who are unable to receive a fuel delivery shall be eligible for EA in the form of a payment(s) to a fuel dealer.
- (2) The payment(s) to the fuel dealer shall be equal to the cost of delivery of one or more fuel deliveries received during the 30-consecutive-day authorization period.

EMERGENCY ASSISTANCE

309.070: Notification Requirements and Fair Hearing Rights - EA

The rights and procedures governing fair hearings, as specified in Chapter 343, apply to the EA program, except to the extent that they are inconsistent with 106 CMR 309.070 in which case the provisions of 106 CMR 309.070 apply.

(A) Notification Requirements

The Department shall send written notification of approval, denial, and/or termination of EA benefits to the EA household.

When the Department determines that it is necessary to terminate EA temporary emergency shelter benefits for a household, the Department shall send the household written notice of termination on a form prescribed by the Department at least 10 days in advance of the proposed termination date.

Changing the placement of an EA household from one temporary emergency shelter to another temporary emergency shelter shall be considered a continuance of EA benefits. The EA household shall receive written notification of a transfer from one temporary emergency shelter to another temporary emergency shelter only if either:

- (1) the Department proposes pursuant to 106 CMR 309.040(A)(2)(e) to transfer an EA household which has been placed in a hotel or motel as an interim measure to a specific family shelter; or
- (2) the Department proposes to transfer an EA household to a shelter designated by the Department, pursuant to 106 CMR 309.040(A)(2)(f), (g), (h), (i), or (j).

The written agreement specified in 106 CMR 309.040(A)(2)(g) shall constitute the written notification required pursuant to paragraph (1) above. It shall notify the EA household of the family shelter(s) that it will be transferred to as soon as space is available. If the EA household wishes to appeal the proposed temporary emergency shelter placement, such appeal must be received by the Division of Hearings within five working days of the EA household's receipt of the agreement/notification. If the EA household wishes to appeal a transfer to a shelter designated by the Department pursuant to (A)(2) above the appeal must be received within five working days of the EA household's receipt of notification of the transfer.

The written notice sent pursuant to this section shall be adequate as defined in 106 CMR 343.200(A). There shall be no waiver of the requirement that the Division of Hearings receive appeals filed pursuant to this section within five working days of an EA household's receipt of agreement/notification.

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION
WASHINGTON, D. C.

REPORT OF THE
COMMISSIONER OF LAND MANAGEMENT
FOR THE YEAR 1917

THE COMMISSIONER OF LAND MANAGEMENT
WASHINGTON, D. C.

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EMERGENCY ASSISTANCE

(B) Right to a Fair Hearing

(1) An EA applicant may appeal the failure of the Department to provide any temporary emergency shelter benefits available under 106 CMR 309.040(A)(2), but EA applicants and recipients may not appeal the Department's decision as to the type, location or particular temporary emergency shelter provided, or the Department's decision to change the temporary emergency shelter placement except in the following circumstances:

- (a) The EA household may appeal a temporary emergency shelter placement based only on the grounds of the Department's alleged failure to comply with the requirements of 106 CMR 309.040(A)(2)(c) and/or (e). Such appeal must be received by the Division of Hearings within five working days of the placement. The EA household may remain in the temporary emergency shelter placement location occupied on the date of the appeal pending the fair hearing decision.
- (b) When the Department proposes to transfer an EA household which has been placed in a hotel or motel as an interim measure to a specific family shelter, pursuant to 106 CMR 309.040(A)(2)(e), the EA household has the right to appeal the proposed transfer based only on the grounds of the Department's alleged failure to comply with the requirements of 106 CMR 309.040(A)(2)(c) and/or (e). Such appeal must be received by the Division of Hearings within five working days of the date of the agreement/notification described in 106 CMR 309.040(A)(2)(g). The EA household may remain in the hotel or motel pending the fair hearing decision.

If the fair hearing decision allows the Department to transfer the EA household to the proposed family shelter, the Department may transfer the EA household to said family shelter as soon as space becomes available and the EA household may not appeal that transfer. The EA household may appeal the Department's proposed transfer from a hotel or motel to the same specific family shelter(s) only once.

- (c) When the Department proposes to transfer an EA household to a shelter that may be designated by the Department without regard to location pursuant to 106 CMR 309.040(A)(2)(f), (g), (h), or (i), the EA household has the right to appeal the proposed transfer based only on the grounds of the Department's alleged failure to comply with such subsections. The appeal must be received by the

EMERGENCY ASSISTANCE

Chapter 309

Rev. 8/91

(3 of 3) Page 309.070

Division of Hearings within five working days of the client's receipt of the notification of the Department's proposed action. The EA household may remain in the temporary emergency shelter placement location occupied on the date of the appeal pending the fair hearing decision except that, if the proposed transfer or termination is pursuant to 106 CMR 309.040(A)(2)(i), the EA household may remain in the placement pending the fair hearing decision only with the permission of the temporary emergency shelter.

- (d) When the Department proposes to transfer an EA household to a shelter designated by the Department without regard to location pursuant to 106 CMR 309.040(A)(2)(j), the EA household has the right to appeal the proposed transfer based only on: (1) the Department's alleged failure to comply with this subsection; and/or (2) his or her assertion that the EA household has not rejected three opportunities for safe, permanent housing as specified in 106 CMR 309.040(A)(2)(j). Only one appeal pursuant to this subsection may be requested by the EA household. The appeal must be received by the Division of Hearings within five working days of the client's receipt of the notification of the Department's proposed action. The EA household may remain in the placement pending the fair hearing decision only with the permission of the temporary emergency shelter.
- (2) The EA household shall be given written and/or oral notice of the date, time and place of the hearing. Such notice shall be communicated so as to allow receipt by the EA household at least two working days prior to the hearing date.
- (3) There shall be an expedited hearing and an expedited fair hearing decision for all appeals of temporary emergency shelter decisions including initial placement and transfer. A decision may be implemented by the Department three working days after the decision is mailed to the household. An applicant or recipient may not have the hearing postponed, continued, or rescheduled without good cause as specified in 106 CMR 343.320(D). The verification of good cause for failure to appear for a hearing must be provided by the recipient within five working days of the scheduled hearing.

TABLE OF CONTENTSSECTION

| | |
|---------|--|
| 328.XXX | |
| 328.000 | Authority |
| 328.010 | General Information |
| 328.020 | Rights of Applicants and Recipients |
| 328.030 | Responsibilities of Applicants and Recipients |
| 328.040 | Timely Provision of Benefits |
| 328.050 | Redeterminations |
| 328.060 | Definition of RRP Terms |
| 328.070 | RRP - Basic Requirements |
| 328.080 | Refugee Status |
| 328.090 | Residence Requirements |
| 328.100 | RRP/AFDC - Four Months |
| 328.200 | RRP/Non-AFDC - Eight Months |
| 328.300 | Refugee Medical Assistance |
| 328.400 | Participation in the Refugee Employment Service System (RESS) |
| 328.440 | Alternative Program(s) |
| 328.450 | Good Cause for not Participating in RESS activities |
| 328.460 | Good Cause for Failure to Cooperate or for Terminating, or Refusing Employment or Employment Training |
| 328.470 | Conciliation |
| 328.480 | Ineligibility as a Result of Failure to Participate |
| 328.480 | Appeals |

REFUGEE RESETTLEMENT PROGRAM

Chapter 328

Rev. 1/90

Page 328.000

328.000: Authority

The regulations in Chapter 328 are promulgated pursuant to Chapter 2 of Title IV of the Immigration and Nationality Act (8 USC 1521 et seq.).

328.010: General Information

The Refugee Resettlement Program (RRP) was established by the Refugee Act of 1980. The Act authorizes funds for the administration and implementation of social and educational services, employment training and placement, as well as cash and medical assistance to refugees without regard to race, religion, nationality, sex or political opinion. It is the intent of this Act to promote the resettlement and economic self-sufficiency of refugees within the shortest timeframe possible.

The Executive Office of Human Services through its agent the Massachusetts Office for Refugees and Immigrants (ORI) is the state agency responsible for the delivery of services under RRP to refugees. The Department of Public Welfare has been contracted to deliver cash and medical assistance services to refugees.

328.020: Rights of Applicants and Recipients

The policies of the Refugee Resettlement Program must be administered in accordance with the rights guaranteed to applicants and recipients by Massachusetts and federal law, federal regulations, the policies of the Department of Public Welfare and general principles of privacy and personal dignity. Rights guaranteed to applicants and recipients under the AFDC or GR programs as appropriate shall be afforded to applicants and recipients of RRP in so far as they do not conflict with the requirements of the Refugee Resettlement Program. These rights are: the right to nondiscrimination and equal treatment; the right to confidentiality except as provided in 106 CMR 328.100(C), 328.200(C), and 328.300(C); the right to information; the right to a fair hearing; and the right to representation. See 106 CMR 301.300 through 301.350.

Every person has the right, and must be afforded the opportunity, to apply for RRP without delay. Individuals who inquire about assistance must be provided with oral and written informational material about the benefits, conditions of eligibility, and rights and responsibilities associated with RRP.

If requested, an application must be taken even though an individual appears to be ineligible.

328.030: Responsibilities of Applicants and Recipients

The applicant or recipient is responsible for providing required verifications; notifying the Case Manager of changes; furnishing information; and cooperating with the eligibility determination process (see 106 CMR 301.410 et seq.).

328.040: Timely Provision of Benefits

The Department shall process applications for RRP and shall provide benefits and auxiliary activities in accordance with the time standards of the AFDC or Medical Assistance Programs, as appropriate.

328.050 Redeterminations

A redetermination is necessary to establish that a recipient remains eligible to receive assistance. A recipient's eligibility shall be redetermined no less than once every six months. Eligibility may be redetermined more frequently if the Department obtains information indicating a change in circumstances and needs more information to determine the exact effects of the change on eligibility or the grant amount.

328.060: Definition of RRP Terms

This section defines specialized terms used in the administration of the Refugee Resettlement Program and augments those definitions contained in 106 CMR 301.600 and 501.500.

(A) Alien - A foreign-born resident who is not a U.S. citizen. Aliens may be classified as:

- (1) Immigrants - Persons who came to the United States with the purpose of settling here and who are not officials of a foreign government, foreign students, or persons who maintain residence in a foreign country.
- (2) Refugees - Persons who cannot return to their country of origin or last residence because of persecution or the well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, as determined by the State Department.
- (3) Entrants - Persons granted parole status or special status under the immigration laws for Cubans and Haitians.

(B) Appropriate Offer of Employment - A job offer that is consistent with and does not violate the work and training objectives set forth in the RESS Employment Plan. The offer of employment must also provide regular and sufficient income to lead to self-support and must not result in a net loss of income in accordance with 106 CMR 328.460(C).

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
JANUARY 1964

TO THE HONORABLE CHAIRMAN OF THE BOARD OF TRUSTEES
OF THE UNIVERSITY OF CHICAGO

FROM
THE DEPARTMENT OF CHEMISTRY
AND
THE DIVISION OF PHYSICAL CHEMISTRY

RE: A PROPOSAL FOR THE
ESTABLISHMENT OF A
NEW CHAIR IN CHEMISTRY

AND
FOR THE APPOINTMENT OF
A PROFESSOR OF CHEMISTRY
AND PHYSICS

TO THE HONORABLE CHAIRMAN OF THE BOARD OF TRUSTEES
OF THE UNIVERSITY OF CHICAGO

THE DEPARTMENT OF CHEMISTRY
AND
THE DIVISION OF PHYSICAL CHEMISTRY
UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS 60637

- (C) Assistance Unit - The individual/family receiving cash or medical assistance under RRP.

In determining eligibility for RRP/AFDC or RRP/MA, the assistance unit is determined in the same manner as set forth in AFDC and MA policy.

In determining eligibility for RRP/Non-AFDC or RRP/Non-MA, the following criteria shall be used:

- (1) Each childless, unmarried adult aged 18 or over or emancipated minor is an assistance unit. An emancipated minor is an individual under the age of 18 who is married, divorced, or separated; has served in the armed forces; or has been emancipated by the court.
 - (2) Each married couple having no dependent children is an assistance unit.
 - (3) Dependent children under the age of 18 and their parents or adult caretakers are an assistance unit.
- (D) Country of Origin - Birthplace when domicile has not been established elsewhere.
- (E) Date of Entry - Date the refugee entered the United States. For Cubans and Haitians, this is the date entrance status is granted. The assistance unit may contain individuals who have different dates of entry.
- (F) Employable - A person capable of working who is not determined exempt from participation in RESS in accordance with 106 CMR 328.450.
- (G) Full-Time Student - A student whose school curriculum meets one of the following provisions:
- (1) 12 semester hours or 12 quarter hours per academic term in those institutions using standard semester, trimester or quarter hour systems;
 - (2) 24 semester hours or 36 quarter hours per academic year for institutions using credit hours to measure progress but not using semester, trimester or quarter systems, or the prorated equivalent for programs of less than one academic year;
 - (3) 24 clock hours per week for institutions using clock hours;
 - (4) in those institutions using both credit and clock hours, if the sum of the following fractions is equal to or greater than one:

number of credit hours per term divided by 12 plus number of clock hours per week divided by 24;

- (5) a series of courses or seminars that equals 12 semester hours or 12 quarter hours in a maximum of 18 weeks; or
 - (6) the work portion of a cooperative education program in which the amount of work performed is equivalent to the academic workload of a full-time student.
- (H) Institution of Higher Education - An institution that provides:
- (1) an educational program for which it awards an associate, baccalaureate, graduate, or professional degree; or
 - (2) at least a two-year program that is acceptable for full credit toward a baccalaureate degree; or
 - (3) at least a one-year training program that leads to a certificate or degree and prepares students for gainful employment in a recognized occupation.
- (I) Parole - Entrance on a temporary basis of an alien applying for admission to the United States under such conditions as the United States Attorney General may prescribe for emergency reasons or for reasons deemed to be in the public interest.
- (J) RESS Agency - an agency providing services under the Refugee Employment Service System, Sections 328.400 through 328.490.
- (K) Sponsor - A sponsor assists the refugee in the initial adjustment to the new environment. A sponsor may be an individual, a church, a civic organization, or some other group of persons.
- (L) Unaccompanied Minor - A refugee minor under the age of 18 entering the Commonwealth under the custody of the Department of Social Services (DSS). Unaccompanied minors are eligible for Medical Assistance as foster children while they are in the custody of DSS.
- (M) Volag - A voluntary agency assigned responsibility for initial refugee resettlement processing. The Volag assigns continuing responsibility for the refugee to a local affiliated agency or sponsor.
- (N) (Extended) Voluntary Departure Status - Temporary permission granted to an alien to remain in the United States. It is granted at the discretion of the Attorney General to citizens of a country that is experiencing dangerous conditions, and it is terminated by INS when conditions are found to have changed so as to permit the alien's safe return.

328.070: Basic Requirements

To be eligible for cash and medical assistance under RRP, a refugee must meet the following basic requirements:

- (A) a refugee must meet the status requirement of Section 328.080;
and
- (B) a refugee must meet the residence requirement of Section 328.090.

328.080: Refugee Status(A) Definition

For the purposes of this chapter, a refugee shall be defined as an individual who has valid documentation of refugee status from the Immigration and Naturalization Service (INS).

(B) Verification

To qualify for RRP, the refugee must provide one of the following documents verifying his or her status:

- (1) A form I-94, Arrival-Departure Record, issued by the Immigration and Naturalization Service (INS) which indicates that the applicant or recipient:
 - a. has been paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act (INA) as a refugee or asylee; or
 - b. has conditional entry status under Section 203 (a)(7) of the INA; or
 - c. was admitted as a refugee under Section 207 of the INA; or
 - d. has been granted asylum under Section 208 of the INA; or
 - e. is a Cuban/Haitian Entrant; the I-94 form must be stamped "Cuban/Haitian Entrant (Status Pending)" or contain the initials "OOE"; or
 - f. is a citizen of Cuba who has been "paroled."
 - g. is a citizen of Haiti who has been granted "voluntary departure" or has been paroled.

Note: The individuals identified in parts "e," "f," and "g" may be eligible even though the expiration date on their "paroled" or "voluntary departure" status has passed.

- h. is a Cuban/Haitian entrant and has documentation from INS showing that his or her residence in the United States is known to INS.
- (2) A Form I-151 (Alien Registration Receipt Card), and a written statement from INS indicating the applicant or recipient previously met a status listed in (1) above. This statement is necessary since the I-151 identifies the holder as an alien but does not indicate his prior status.
- (3) A Form I-551 (Alien Registration Receipt Card) which identifies the holder as a resident alien. The card must contain one of the following codes:
 - a. P7-1 Conditional Entrants, Section 203(a)(7) of the INA;
 - b. R8-6 or R8-7 Refugee Parolee, Section 212(d)(5), adjustment PL 95-145;
 - c. IC-6, IC-7 and IC-8 Indochinese Adjustment PL 95-145 relates to Cambodian and Laotians paroled into the U.S. under Section 212 (d)(5) of the INA;
 - d. RE-6, RE-7 and RE-8 Section 209A Refugee Adjustment - PL 96-212, Refugee Act of 1980; or
 - e. AS-6, AS-7, AS-8 Section 256B Asylee Adjustment - PL 96-212 Refugee Act of 1980.
- (4) A birth record establishing the American citizenship of the minor child of a refugee parent. The child must be living in a family unit consisting of the child and one or both refugee parents.

328.090: Residence Requirements(A) Definition

To be eligible for assistance under this chapter, a refugee shall be a resident of Massachusetts, as defined in 106 CMR 303.400.

(B) Verification

Verification of residence is mandatory and shall be in accordance with 106 CMR 303.400.

REFUGEE RESETTLEMENT PROGRAM

Chapter 328

Rev. 7/91

Page 328.100

328.100: RRP/AFDC - Four Months(A) Definition

A refugee who meets the basic requirements for RRP and all of the categorical and financial requirements of the AFDC program (see 106 CMR 303 and 304) is eligible for cash assistance under RRP/AFDC for the four-month period beginning with the date of entry into the United States. Applicants and recipients must comply with the citizenship/alienage declaration requirements of 106 CMR 303.500.

A refugee who receives cash assistance is automatically registered with the Refugee Employment Service System (RESS) and must participate unless he or she has good cause for not participating in accordance with 106 CMR 328.450. A refugee must not have refused an appropriate offer of employment nor have voluntarily terminated employment without good cause in accordance with 106 CMR 328.460.

Assets remaining in the country of origin shall not be considered in the determination of eligibility.

An eligible refugee shall be entitled to benefits in accordance with the eligibility, need and payment standards of the AFDC program as well as Emergency Assistance and all other related benefits, subject to the provisions and requirements of 106 CMR 305 and 309.

(B) Verifications

A refugee must provide verification of the categorical and financial eligibility requirements of the AFDC program in accordance with 106 CMR 303.000 and 304.000 et seq.

Work performed outside the United States shall be countable for the purpose of meeting the principal earner's work history requirement.

(C) Releasing Information to Volags

The Case Manager shall notify the voluntary agency (or local affiliate) that provided for the initial resettlement of the refugee(s) of the fact that the refugee has applied for cash assistance. The Case Manager shall advise the refugee of the disclosure requirement.

(D) End of the Four-Month Eligibility Period

A refugee who has been in the country for more than four months from the date of entry is no longer eligible to have his or her assistance reimbursed under the RRP/AFDC component. An individual or family who meets the categorical and financial requirements of the AFDC program shall continue to receive assistance under AFDC. The Department shall determine the refugee's continued eligibility for assistance under other Department-administered programs prior to termination of RRP/AFDC benefits.

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REFUGEE RESETTLEMENT PROGRAM

(A) Definition

A refugee who meets the basic requirements of RRP and the financial, but not the categorical, eligibility requirements of the AFDC program, shall be eligible for cash assistance under the RRP/Non-AFDC component for the eight-month period beginning with the date of entry into the United States.

A refugee who receives cash assistance is automatically registered with the Refugee Employment Service System (RESS) and must participate unless he or she has good cause for not participating in accordance with 106 CMR 328.450. A refugee must not have refused an appropriate offer of employment nor have voluntarily terminated employment without good cause in accordance with 106 CMR 328.460.

A refugee may not be a full-time student in an institution of higher education as defined in 106 CMR 328.060(G) and (H). This restriction does not apply to refugees who are enrolled in English-language or other training programs at a college, university or other institution of higher education provided that the programs are short-term (less than 12 months) and designed to prepare and place participants in employment.

In making the determination of eligibility, assets remaining in the country of origin shall not be considered, and the \$30 and one-third earned income disregard and the \$30 disregard shall not be applied in calculating need and/or grant amount.

An eligible refugee shall be entitled to benefits in accordance with the eligibility, need and payment standards of the AFDC program as well as Emergency Assistance and all other related benefits, subject to the provisions and requirements of 106 CMR 305 and 309.

(B) Verifications

Refugee(s) must provide verification of assets and income in accordance with the requirements of 106 CMR 304.000 et seq.

If a refugee is a full-time student at an institution of higher education, he or she must submit a statement from the institution or RESS agency that he or she is enrolled in a training program that is less than 12 months and designed to prepare and place the participant in employment.

(C) Releasing Information to Volags

The worker shall notify the voluntary agency (or local affiliate) that provided for the initial resettlement of the refugee(s) of the fact that the refugee has applied for cash assistance. The worker shall advise the refugee of the disclosure requirement.

REFUGEE RESETTLEMENT PROGRAM

(D) End of Eight-Month Eligibility Period

A refugee who has been in the country for more than eight months is no longer eligible for assistance under the RRP/Non-AFDC component.

A refugee may be eligible for continued assistance under other Department programs. It is the responsibility of the Department to determine the refugee's eligibility for other categories of assistance prior to termination of RRP/Non-AFDC benefits.

328.300: Refugee Medical Assistance(A) RRP/MA(1) Requirements

A refugee who meets the basic requirements of RRP in accordance with 106 CMR 328.070 and who meets the financial and categorical requirements of any Medical Assistance program is eligible to receive Medical Assistance under RRP. An otherwise eligible refugee whose income exceeds the Medical Assistance income standards shall have eligibility determined in accordance with the spenddown provisions of 106 CMR 506.500 et seq.

Assets remaining in the country of origin shall not be considered in the determination of eligibility.

Eligibility for refugees who meet the categorical requirements of the MA/AFDC program shall be established in accordance with AFDC-related financial requirements. Refugees meeting the categorical requirements of MA/DA and MA/OAA shall be allowed the SSI-related financial disregards. See 106 CMR 505 and 506 in the Medical Assistance Policy Manual. Applicants and recipients must comply with the citizenship and alienage declaration requirements of 106 CMR 503.200(A).

A refugee who is determined to be eligible under this component is eligible for Medical Assistance for the four-month period beginning with the date of entry into the United States.

(2) Verification

Refugees shall provide verification of the categorical and financial eligibility requirements of the Medical Assistance program in accordance with the requirements of 106 CMR 504 and 505 et seq.

Work performed outside the United States shall be countable for the purpose of meeting the principal earner's work history requirement.

REFUGEE RESETTLEMENT PROGRAM

(B) RRP/Non-MA(1) Requirements

A refugee who meets the basic requirements of RRP in accordance with 106 CMR 328.070 and who meets the financial requirements, but not the categorical requirements, of the Medical Assistance Program, is eligible to receive Medical Assistance under RRP/Non-MA for the eight-month period beginning with the date of entry into the United States. An otherwise eligible refugee whose income exceeds the Medical Assistance income standards shall have eligibility determined in accordance with the spenddown provisions of 106 CMR 506.500 et seq.

Assets remaining in the country of origin shall not be considered in the determination of eligibility. The \$30 and 1/3 earned income disregard and the \$30 disregard shall not be applied in determining eligibility. Eligibility shall be established in accordance with AFDC-related financial requirements. See 106 CMR 505 and 506 in the Medical Assistance Policy Manual.

(2) Verification

Refugees shall provide verification of the financial eligibility requirements of the Medical Assistance program in accordance with 106 CMR 505 et seq.

(C) Releasing Information to Volags

The worker shall notify the voluntary agency (or local affiliate) that provided for the initial resettlement of the refugee(s) of the fact that the refugee has applied for Medical Assistance. The worker shall advise the refugee of the disclosure requirement.

328.400: Participation in the Refugee Employment Service System (RESS)

As a condition of eligibility for cash assistance under RRP, an employable refugee must participate in the Refugee Employment Service System (RESS) unless he or she has good cause for not participating. If a RESS program is not available, a refugee must participate, unless he or she has good cause for not participating, in a program administered by an appropriate state or local employment service or other employment and training agency (see Section 328.440).

The administration of participation in RESS is the responsibility of ORI and its contracted agencies. The RESS agency must provide the Case Manager with documentation of participation in RESS and of any change(s) in the refugee's RESS status.

NOTE: It is the responsibility of both the Case Manager and RESS Agency to provide one another with information concerning the refugee when such information affects eligibility or status in the RRP or RESS programs.

Services that are available under RESS are:

- (A) English-as-a-Second Language (ESL). The primary objective of this mode of language training is to provide the refugee(s) with the language skills and cultural background needed to seek, maintain, and/or advance in employment. Within this model, Vocational English-as-a-Second Language (VESL) is available to refugees.
- (B) Vocational English-as-a-Second-Language (VESL). Instruction in English is focused to a given occupation or a specific vocational area that reflects local needs. VESL provides the refugee with the language skills needed to seek, maintain and/or advance in employment in a specific vocational area.
- (C) Employment Services (ES). Employment-related activities include the following:
 - (1) Assessment - Activity by staff to develop a composite profile of the refugee's work history, training, education, physical condition, present degree of employability and existing barriers to employment.
 - (2) Information and Referral - Activities that provide refugees with an accurate and current knowledge of resources available to remove barriers to employment, and that provide short-term help to enable refugees to identify and gain access to resources appropriate to their needs.

- (3) Job Counseling - Interaction with the refugee to assist him or her in overcoming barriers to employment and to acquire skills needed to be a competitive job seeker and employee.
- (4) Employment Plan - A detailed action plan having a definite job goal. The plan is formulated prior to a referral to a training program or employment and is the result of consultation between the refugee and the RESS Agency worker.

The Employment Plan shall contain the participant's employment goal; the assessment, training or educational steps that may be necessary to achieve the goal; and the support services that may be necessary to achieve the goal.

The Employment Plan may be changed or modified if both the RESS participant and the RESS Agency worker agree to the change or modification. The Employment Plan, and any modifications, shall be a written document signed by both the RESS participant and the RESS Agency worker.

- (5) Employment Orientation - Activities, including instruction, that familiarize the client with American work habits and procedures and that provide necessary information and preparation to seek and obtain employment.
- (6) Job Development - Activities necessary to develop unsubsidized employment opportunities for refugees.
- (7) Job Placement - Activities to assist refugees in locating and obtaining permanent, full-time, unsubsidized employment.
- (8) Follow-Up - Post-employment activities that assist a refugee in making the successful transition to employment by providing the necessary support assistance to the refugee and employer so that the refugee is able to maintain his or her job. Follow-up is scheduled two weeks after initial placement, and then again after 30, 60, and 90 days on the job.

(D) Transportation Payments

Transportation payments shall be provided to RESS participants in accordance with the following.

(1) Eligibility

A participant who is actively participating in the English-as-a-Second Language (ESL) component, the Vocational English-as-a-Second Language (VESL) component, or an Employment Services (ES) activity, as specified in Subsections (A), (B), and (C) above and as included in the Employment Plan, shall be eligible to receive transportation payments.

It is a well-known fact that the American Medical Association has been the leading organization in the world for the advancement of the medical profession. It has been the center of the medical world for many years, and it has been the source of many of the most important medical advances of the past century. It has been the source of many of the most important medical advances of the past century.

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If the transportation payment allowed does not meet the actual cost to the participant of transportation, as reasonably incurred, the participant shall be exempt from participation in the RESS activity.

(2) Allowable Costs

A transportation payment for the verified actual cost to the participant of transportation to and from the RESS activity, including the cost of transporting dependents to and from dependent care. This payment shall not exceed \$10 per day of verified participation and shall be based on the actual cost to the participant, as reasonably incurred, of transportation by:

- a. public bus or rail; or
- b. private automobile, by applying the mileage rate currently allowed State employees; or
- c. other means of transportation, when the participant provides verification that (a) and (b) above are not reasonably available. Transportation by public bus or rail or private automobile is not reasonably available when such transportation would require a round-trip traveling time in excess of two hours, including the time necessary to transport dependents to and from dependent care.

Public transportation and transportation by private automobile shall be the preferred modes of transportation for RESS participants.

Transportation payments shall be paid by the Department, as specified in Subsection (D)(4) below, provided the eligible participant is responsible for the actual cost of transportation and he or she is not receiving transportation payments for the same cost from some other source.

(3) Verification

- a. RESS participants who arrange transportation to and from the RESS activity, as specified in Subsection (D)(1) above, by public bus or rail or by private automobile shall provide the following verifications:
 1. Verification of participation in the RESS component, as specified in Subsection (D)(1) above, shall be by a written statement of the participant's attendance from the director of the RESS agency or his or her designee, and shall include the dates of participation.

2. Verification of the actual cost to the participant of transportation to and from the RESS activity, including the cost of transporting dependents to and from dependent care, shall be by a statement of the participant.

The participant shall provide these verifications to the Case Manager once every four weeks.

- b. RESS participants who arrange transportation to and from the RESS activity, as specified in Subsection (D)(1) above, by any means other than public bus or rail or private automobile shall provide the following verifications:

1. Verification of participation in the RESS component, as specified in Subsection (D)(1) above, shall be by a written statement of the participant's attendance from the director of the RESS agency or his or her designee and shall include the dates of participation.
2. Verification of the actual cost to the participant of transportation to and from the RESS activity, including the cost of transporting dependents to and from dependent care, shall include receipts for the actual cost to the participant of the type of transportation used by the participant for the period covered by the transportation payment.
3. Verification that transportation by public bus or rail or private automobile is not reasonably available, as specified in Subsection (D)(2) above, shall be by a written, dated and signed statement from the participant that such transportation would require a round-trip traveling time in excess of two hours, including the time necessary to transport dependents to and from dependent care. This statement shall be verified, when appropriate, by a collateral contact with an appropriate transportation official.

The participant shall provide these verifications to the Case Manager once every four weeks.

(4) Payment of Transportation Costs

The Department is responsible for payment of the transportation payments that have been verified in accordance with Subsections (3)(a) and (3)(b) above. The payments shall be made in accordance with Subsection 328.400(D) provided the eligible participant is responsible for the actual cost of transportation and he or she is not receiving transportation payments for the same cost from some other source.

The authorization for payment shall be made by the Case Manager in accordance with the provisions of this section.

(E) RRP-Funded Child Care Services

Child care services shall be provided to RESS participants in accordance with the following regulations.

When the RESS participant is unable to make child care arrangements, the RESS agency worker shall assist in making arrangements.

If neither the RESS agency worker nor the RESS participant is able to arrange state-standard child care that is available and suitable in accordance with Subsection 328.460(A)(9), the applicant or recipient shall be exempt from participation until such child care is available.

(1) Eligibility

Child care services shall be provided to the following RESS participants:

- a. applicants or recipients who are actively participating in ESL or VESL training; and
- b. applicants and recipients who are actively participating in any Employment Services activity, as specified in Section (C) above.

Child care services shall be paid for by the Department provided they do not duplicate payments for child care services that are paid from some other source.

(2) Sources of RRP-Funded Child Care Services

a. Voucher Day Care Program

The Voucher Day Care Program provides state-standard child care and is administered by the Department of Social Services. Voucher Day Care is the preferred source of RRP-funded child care services for RESS participants.

b. Independent Child Care System

When services are unavailable through the Voucher Day Care Program, eligible participants and recipients may obtain payment for child care services through the Independent Child Care System.

1. Providers: Services may be arranged through the Independent Child Care System with only the following providers:

REFUGEE RESETTLEMENT PROGRAM

Chapter 328

Rev. 7/91

(6 of 8) Page 328.400

- (a) Any child-care service, such as a family day-care system, that is registered with and/or licensed by the Office for Children; and
 - (b) Any individual 16 years of age or older who has been selected by the applicant or recipient, in accordance with the following provisions:
 - (i) when the individual selected is a relative of the child and is not living in the home of the applicant or recipient, the child-care service shall be provided in the home of the relative who is providing the child-care service or in the home of the applicant or recipient; or
 - (ii) when the individual selected is not a relative of the child, the child-care service shall be provided in the home of the applicant or recipient.
- (2) Restrictions: The selection of child-care providers and the provision of payments for child-care services shall be limited by the following restrictions:
- (a) A payment of two dollars per hour per child shall be provided to child-care vendors who meet the above requirements. Payment for child-care services shall not exceed one hundred dollars per week per child, except as authorized by the Supervisor.
 - (b) Child-care services for which payment shall be provided shall not exceed ten hours per child per day and fifty hours per child per week, except as authorized by the Supervisor.
 - (c) Payment for child-care services shall not be provided to a relative of the child who is living in the home of the applicant or recipient.
 - (d) Payment for child-care services shall not be provided to any person who is legally responsible for the child.

REFUGEE RESETTLEMENT PROGRAM

Rev. 7/91

Chapter 328
(7 of 8) Page 328.400

- (e) Payment for out-of-state child-care services must be approved by the Supervisor. The Supervisor shall approve out-of-state child care only when both of the following conditions apply:
 - (i) there is no other provider available within the Commonwealth; and
 - (ii) the lack of child-care services would prevent the applicant or recipient from participating in the RESS activity, as included in the Employment Plan.
- (f) The Case Manager may terminate pre-authorization for child-care services at any time, with the approval of the Supervisor, for circumstances such as, but not limited to, the following:
 - (i) the Case Manager judges the child-care service to be unsatisfactory, or not in the best interests of the child or the applicant or recipient;
 - (ii) the applicant or recipient is no longer an active participant in a RESS activity, as specified in 106 CMR 328.400 (E)(1) above; or
 - (iii) the selected provider of the child-care service is no longer available.

When the Case Manager terminates a pre-authorization for child-care services, the Case Manager shall send the applicant or recipient a timely notice of termination in accordance with 106 CMR 343.140. The applicant or recipient may appeal any reduction or termination of child-care services, in accordance with 106 CMR 343.230.

(3) Verification

To qualify for child care services, verification of participation in a RESS activity must be submitted to the Case Manager every four weeks. Verification of participation in a RESS activity shall be by a written statement of the participant's attendance from the director of the RESS agency or his or her designee, on a form prescribed by the Department. The RESS participant shall also submit verification of having received child care services to the Case Manager every four weeks. Verification of having received child care services shall be by a signed statement of the participant on the same form as that which verifies participation in a RESS activity.

(F) Information and Referral Services

The RESS agency shall refer the RESS participant to other social service agencies or providers if the participant is in need of such services to meet the goals of the Employment Plan.

328.440: Alternative Program(s)

In some situations, a refugee may not have access to a RESS program. The refugee has the option of an alternative employment and/or training activity reached by agreement between the recipient and the voluntary agency (Volag) and included in the recipient's Employment Plan.

Documentation of participation and of any changes that may affect the refugee's eligibility for cash assistance must be made available to the Case Manager.

328.450: Good Cause for Not Participating in RESS Activities(A) Requirements

Any refugee registered and appraised for RESS is not required to participate as long as:

- (1) The registrant has a dependent child who is temporarily ill or incapacitated and whose illness or incapacity is expected to last less than 30 days, and the registrant is needed in the home to provide the child's care.
- (2) The registrant is engaged in any other employment for 20 hours or more per week at a job paying at least the minimum wage.
- (3) The registrant is a parent or other grantee-relative of a child under the age of six and is employed part-time (less than 20 hours per week) at a job paying at least the minimum wage.
- (4) The support services necessary for participation are unavailable. The RESS participant shall be considered to have good cause for not participating until such needs are met through the registrant's efforts, the RESS agency worker's efforts, or a combination of the two.
- (5) A situation that would result in a determination of Good Cause for not participating as defined in Section 328.460 exists.
- (6) The situation that resulted in a determination of Good Cause for failure to cooperate or for terminating or refusing employment or training for employment as defined in Section 328.460 continues to exist.

(B) Verifications

- (1) Temporary illness or incapacity shall be verified by a signed and dated statement from the RESS registrant stating the nature and expected duration of the illness. When consecutive temporary illnesses or incapacities have exceeded a total of 30 days, a written statement from a competent medical authority stating the nature and expected duration of the illness shall be required.
- (2) Employment for at least 20 hours per week at a job paying at least minimum wage or part-time employment paying at least the minimum wage shall be verified by the wage stubs or by a signed and dated statement from the employer that states the hours per week and the wage paid.
- (3) Lack of necessary support services shall be verified by a written, dated and signed statement from the RESS registrant; and by a written statement in the case record from the RESS agency worker; and, if appropriate, by a collateral contact with the individual or organization which is known to provide the required support services.
- (4) Verification of Good Cause shall be in accordance with Section 328.460(B).
- (5) Duration of Good Cause shall be verified in accordance with Section 328.460(B).

328.460 Good Cause for Failure to Cooperate or for Terminating, or Refusing Employment or Employment Training(A) Typical Examples of Good Cause

Good Cause for failure to cooperate; or for terminating employment or employment training; or for failure to accept or refusal to accept an offer of employment or training for employment exists in, but is not limited to, the following situations.

- (1) An assignment, job referral or job does not meet appropriate work and training criteria in that:
 - a. The employment, offer of employment, RESS activity or other employment training discriminates in terms of age, sex, race, religion, ethnic origin, or physical or mental handicap.
 - b. The employment or offer of employment is at a wage level below the applicable federal or state minimum wage laws, or the prevailing rate for similar work, whichever is applicable; or it exceeds the daily or weekly hours of work customary to the occupation.

REFUGEE RESETTLEMENT PROGRAM

- c. The employment, offer of employment, RESS activity or other training for employment requires travel to and from the place of employment, RESS activity or other training, and one's home, that exceeds a total of two hours in round trip time including the time necessary to transport family members to a school or a care-provider; or when walking is the only available means of transportation, and the round trip is more than two miles including the distance walked to accompany family members to a school or a care-provider.
 - d. The employment, offer of employment, RESS activity or other training for employment involves conditions and specific responsibilities that impair the individual's physical or mental health or are not related to the individual's capability to perform the task on a regular basis.
 - e. The employment, offer of employment, RESS activity or other employment training involves conditions that are in violation of applicable health and safety standards.
 - f. The employment, offer of employment or RESS work activity does not provide for Worker's Compensation Insurance.
 - g. The employment, offer of employment or RESS work activity is available due to a termination or lay-off by the employer, or due to a strike as defined in 106 CMR 303.800, or a lockout or other bona fide labor dispute.
 - h. The employment, offer of employment, RESS activity or other training is not within the scope of the RESS delivery system or does not take into consideration the individual's background and characteristics or is not within the scope of the Employment Plan.
 - i. Accepting the employment, offer of employment, or RESS work activity would cause the individual to violate the terms of his or her union membership.
 - j. The employment or offer of employment is at a wage level that results in a net loss of income, in accordance with 106 CMR 328.460 (C) of this section.
- (2) The RESS individual is temporarily physically incapacitated or suffers temporary physical illness; or
 - (3) The RESS individual is required to appear in a court proceeding or is incarcerated; or

- (4) The RESS individual is suffering a family crisis or changed individual family circumstance as evidenced, for example, by the death of a spouse, parent or child or an illness of a spouse, parent or child which requires the individual's immediate attention; or
- (5) Inclement weather or other act of nature precludes the individual and other persons similarly situated from traveling to a RESS activity; or
- (6) There is a breakdown in transportation arrangements with no ready access to alternate transportation; or
- (7) (Reserved)
- (8) A RESS individual refuses to accept major medical services even if such refusal precludes participation in the program; or
- (9) State-standard day-care is totally unavailable, or unavailable during the individual's hours of training or employment including additional commuting time, or arrangements for day-care have broken down or have been interrupted. This includes the unavailability of suitable special needs day-care for identified special needs children (i.e., handicapped or retarded children), or for children with other specific needs; or
- (10) A RESS individual is engaged in employment or training that is consistent with the employability objectives of the RESS program, and prior notification and approval from the Case Manager has been received; or
- (11) Any reason other than those specified above including, but not limited to, appearance at job interviews, when the reason is appropriate and reasonable under the circumstances.

(B) Verifications

Verification of Good Cause is mandatory. The verification(s) listed for each item below are required as stated, except for items 3, 4, 5, 6, 9(b) and 11. For these items, up to five days of absence for any one reason or combination of reasons, shall be verified by a written, dated, and signed statement from the individual stating the reason for the absence. The five days need not be consecutive. After five days of absence for any one reason or combination of reasons, verification will be required as stated under the specific reason. If a specifically required verification is provided for one or more days of absence, the day(s) for which that verification is provided shall not be counted in the five days of absence.

REFUGEE RESETTLEMENT PROGRAM

Rev. 7/91

Chapter 328
(4 of 9) Page 328.460

- (1) The fact that an assignment, job referral or job does not meet appropriate work and training criteria is verified by at least one of the following:
- a. Employment, offer of employment, RESS activity or other training for employment which discriminates on the basis of age, sex, race, religion, ethnic origin or physical or mental handicap shall be verified by a written, dated, and signed statement from the individual and, if appropriate, by a collateral contact with the employer by the Case Manager.
 - b. Employment, or an offer of employment, below the applicable federal or state minimum wage or exceeding the customary daily and weekly hours of work shall be verified by a written, dated, and signed statement from the employee or prospective employee and, if appropriate, by a collateral contact with the employer by the Case Manager.
 - c. Round trip time in excess of two hours, including the time needed to transport family members to a school or a care-provider, or when walking is the only means of transportation, and the distance is in excess of two miles round trip including the mileage needed to accompany family members to a school or a care-provider, shall be verified by a written, dated, and signed statement to that effect from the individual and, if appropriate, by a collateral contact with an appropriate transportation official.
 - d. Conditions and specific job responsibilities that impair the individual's physical or mental health shall be verified by a written, dated, and signed statement by a competent medical authority who is either a physician or a psychologist licensed by the Commonwealth of Massachusetts. The individual's inability to perform the task on a regular basis shall be verified by a written, dated, and signed statement from the individual and, if appropriate, by a collateral contact by the Case Manager.
 - e. Conditions which violate health and safety standards shall be verified by a written statement from the appropriate local, state or federal enforcement agency or board, if available. If the statement is not available, verification shall be by a written, dated, and signed statement from the individual.
 - f. The unavailability of Worker's Compensation shall be verified by the written statement of the employee or prospective employee and, if appropriate, by a collateral contact with the employer by the Case Manager.

- g. Termination of employment, or an offer of employment, or a strike or lockout or other bona fide labor dispute, shall be verified by one of the following:
 - 1. A written notification of termination of employment signed and dated by the former employer; or
 - 2. A formal lay-off notice; or
 - 3. A strike or lockout or other bona fide labor dispute shall be verified by a written statement from either the collective bargaining representative or the employer; or
 - 4. If none of the above is available, a written, dated, and signed statement from the individual.
 - h. Employment, an offer of employment, a RESS activity or other training which is not within the scope of the RESS program delivery system or does not take into account an individual's background and characteristics or is not within the scope of the Employment Plan, shall be verified by a written, dated, and signed statement from the RESS agency or, if appropriate, from the individual.
 - i. Employment, an offer of employment or RESS work activity which would cause the individual to violate the terms of his or her union membership shall be verified by a written, signed, and dated statement from the prospective employer or by a written, dated, and signed statement from an appropriate union official. If neither statement is available, verification shall be by a written, dated, and signed statement from the individual.
- (2) A temporary physical incapacity or temporary illness shall be verified by a written, dated and signed statement from the individual and, if appropriate, by a written, dated and signed statement from a physician or psychologist licensed by the Commonwealth of Massachusetts.
 - (3) Except as stated in (B) above, a required appearance in a court proceeding shall be verified by a copy of a court summons to appear or by a written statement from the registrant's legal counsel or an appropriate court official or an official court document or by a collateral contact with the individual's legal counsel or an appropriate court official.
 - (4) Except as stated in (B) above, family crisis shall be verified by one of the following: in cases of a family death: a newspaper death notice, written statement of an attending competent medical authority who is either a physician or

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7. The seventh part of the report deals with the results of the work during the year and the progress of the work during the year.

psychologist licensed by the Commonwealth of Massachusetts, copy of a police report, copy of a medical examiner's report or a certified death certificate; in cases of illness of a family member: a written, dated, and signed statement from a physician or a psychologist licensed by the Commonwealth of Massachusetts, evidencing the need for the individual's presence during the crisis and the date(s) of such need. In the case of any other type of family crisis or changed family circumstance, an appropriate and reasonable verification, as determined by the Case Manager, must be submitted.

In the case of an ongoing illness or family crisis which requires intermittent absences, verification shall be by (1) a written, dated, and signed statement from the appropriate source(s) as stated above, stating the nature and expected overall duration of the illness or crisis, and (2) a written, dated, and signed statement from the individual stating the date and reason for the absence each time such absence occurs.

- (5) Except as stated in (B) above, inclement weather or other act of nature shall be verified by news or weather service reports or collateral contact with an appropriate local official, or a representative of a public transit authority or private, licensed common carrier verifying adverse travel conditions on the date(s) in question, or, if appropriate, by a written, dated and signed statement from the RESS individual.
- (6) Except as stated in (B) above, breakdown in transportation arrangements with no ready access to alternate means of transportation shall be verified by:
 - a. A written, dated, and signed statement from an automobile mechanic, garage or other auto repair facility that the individual experienced automobile failure on the date(s) in question and the nature of such failure; or
 - b. A written, dated, and signed statement from a public transportation authority that alternate public transportation was not available to the individual on the date(s) in question; or
 - c. A written, dated, and signed statement from a state, municipal or county official that no public transportation was available in the individual's location on the date(s) in question; or
 - d. If appropriate, a written, dated and signed statement from the RESS individual.

(7) RESERVED

- (8) Major medical services that are needed shall be verified by a written, dated, and signed statement from a competent medical authority indicating the nature of the medical service, that it is considered "major" and that without the service being performed, the individual is under such a disability as to be unavailable for any type of gainful employment.
- (9) a. The unavailability or breakdown of suitable state-standard day-care shall be verified by a written, dated and signed statement from an appropriate official of the local Department of Social Services office stating that day-care services are unavailable in the area, or are unavailable during the hours of the individual's employment or training. If there is a breakdown of day-care which is not provided through the Department of Social Services, appropriate verifications, such as statements from the day-care provider, or, if not available from the provider, a written, dated, and signed statement from the individual, must be submitted. If state-standard day-care services are otherwise unavailable, the individual may not refuse a referral by the RESS agency to a state-standard day-care facility which provides suitable care and which is within a reasonable distance from the individual's home.

Unavailability of suitable special needs day-care for identified special needs children or for children with other specific needs shall be verified by:

1. A written, dated and signed statement from a competent medical authority or appropriate school official stating that the child in question suffers from a special needs handicap as recognized under state law or suffers from other specific needs; and
 2. A written, dated and signed statement from the local Department of Social Services office stating that such special needs day-care services are unavailable within reasonable proximity to the individual and his or her family.
 3. If items 1 and 2 above are not appropriate, a written, dated, and signed statement from the individual stating the reason for the unsuitability of the day-care and, if appropriate, a collateral contact with the day-care provider.
- b. Except as stated in (B) above, if day care services have been interrupted, verification shall be by a written, dated, and signed statement from an appropriate official of the local Department of Social Services office, or from the day-care provider.

The first of these is the fact that the British government had been in a state of financial crisis since the end of the American Revolution. The government had been forced to borrow money from foreign sources, and this had led to a loss of confidence in the British pound. The government had also been forced to raise taxes, and this had led to a loss of confidence in the British government.

The second of these is the fact that the British government had been in a state of political crisis since the end of the American Revolution. The government had been forced to deal with a number of political problems, and this had led to a loss of confidence in the British government. The government had also been forced to deal with a number of social problems, and this had led to a loss of confidence in the British government.

The third of these is the fact that the British government had been in a state of economic crisis since the end of the American Revolution. The government had been forced to deal with a number of economic problems, and this had led to a loss of confidence in the British government.

The fourth of these is the fact that the British government had been in a state of military crisis since the end of the American Revolution. The government had been forced to deal with a number of military problems, and this had led to a loss of confidence in the British government.

The fifth of these is the fact that the British government had been in a state of diplomatic crisis since the end of the American Revolution. The government had been forced to deal with a number of diplomatic problems, and this had led to a loss of confidence in the British government.

The sixth of these is the fact that the British government had been in a state of cultural crisis since the end of the American Revolution. The government had been forced to deal with a number of cultural problems, and this had led to a loss of confidence in the British government.

The seventh of these is the fact that the British government had been in a state of religious crisis since the end of the American Revolution. The government had been forced to deal with a number of religious problems, and this had led to a loss of confidence in the British government.

- (10) Verification of engaging in employment or training that is consistent with employment objectives of RESS shall be by:
- a. A written, dated and signed statement from the individual's employer that he or she is currently gainfully employed at least 20 hours per week and receiving minimum wages for such employment; or
 - b. A most recent wage stub from the individual indicating current, ongoing employment of a minimum of 20 hours per week and the receipt of at least minimum wage; or
 - c. A written, dated and signed statement from a RESS approved education or training activity indicating the individual is properly registered, enrolled and participating in such activity; or
 - d. If appropriate, a written, dated and signed statement from the RESS individual indicating consistency with the employment objectives of RESS, and stating that he or she is currently gainfully employed at least 20 hours per week and receiving minimum wages for such employment.
- (11) Except as stated in (B) above, if the individual claims Good Cause for any reason other than those specified in Section 328.460(A), items 1 through 10, verification is by a written, dated, and signed statement from the individual, or by collateral contact(s), if appropriate.

(C) Net Loss of Income as Good Cause

- (1) Good Cause for not accepting an offer of employment while participating in RESS shall exist when one of the following occurs:
- a. If the individual is eligible for an income disregard, as defined in 106 CMR 304.280, the wage shall:
 1. Meet or exceed the federal or state minimum wage laws or the prevailing rate for similar work, whichever is applicable; or
 2. If such laws are not applicable, the wage shall not be substantially less than the wage normally paid for similar work in that labor market.

In no event may the wage be less than three-fourths of the minimum wage set forth in the Fair Labor Standards Act; or

- b. If the individual is not eligible for an income disregard, as defined in 106 CMR 304.280, the wage less mandatory payroll deductions and a reasonable allowance for necessary work expenses, shall provide a monthly income equal to or exceeding the RRP monthly grant amount of the assistance unit; or
 - c. If the individual is a Principal Earner who would not be eligible for RRP benefits because he or she has regular employment of 100 hours or more per month, as defined in 106 CMR 303.340(B), he or she is required to accept employment only where the monthly wage level, less mandatory payroll deductions and a reasonable allowance for necessary work-related expenses, is equal to or exceeds the RRP monthly grant amount of the assistance unit. The wage shall in no case be less than that required by any applicable minimum wage laws.
- (2) A RESS individual who would experience a net loss of income in accordance with this section shall be deemed to have Good Cause for not accepting that particular offer but shall continue to participate in the RESS program.
- (3) The verification of a net loss of income is mandatory. The verification of expected earned income shall be by a written, dated, and signed statement from the prospective employer or, if not available from the employer, from the individual, stating the wage to be paid, the amounts and types of mandatory payroll deductions and the average number of hours to be worked. For the individual who would be eligible for an income disregard, the verification of day-care expenses shall be in accordance with 106 CMR 304.275. The verification of work-related expenses shall be in accordance with 106 CMR 304.270. For the individual who would not be eligible for an income disregard, or for the Principal Earner who would not be eligible for RRP benefits because he or she has regular employment of 100 hours or more per month, the verification of work-related expenses shall be a written, dated and signed statement from the individual stating the type and amount of each expense.

328.470: Conciliation

If a RESS registrant has expressed an unwillingness, but has not refused, to participate without Good Cause (see Section 328.460 above) ORI shall institute a conciliation period during which every effort shall be made to bring about a resolution of any disputes concerning participation. The conciliation period shall last for up to 60 calendar days.

Recipients shall be notified in writing of the reason(s) for the determination of failure or unwillingness to participate without Good Cause; a description of the conciliation process; the right to have a representative and/or supervisory staff other than the Case Manager present; the rights and responsibilities associated with the RESS program; and the period of ineligibility that will be imposed because of an unsuccessful conciliation.

- (A) In the first, second, or third instance in which the refugee expresses an unwillingness to participate without Good Cause, conciliation shall be considered successful if the RESS participant indicates a genuine willingness to return to participation in the activity agreed to in the Employment Plan or to modify the Employment Plan and to participate in another available activity.

In the second instance of conciliation, the RESS participant may be required to attend a maximum of two conciliation sessions.

In a third instance of conciliation, the RESS participant may be required to attend a maximum of three conciliation sessions.

- (B) An unsuccessful conciliation may occur during the first, second, or third instance of conciliation. Conciliation shall be determined unsuccessful when:

- (1) The participant agrees conciliation is unsuccessful;
- (2) The participant has exhibited a pattern of behavior based on a series of actions from which refusal to participate can be reasonably inferred;
- (3) Three written notices of scheduled interviews have been sent to the participant at least 10 days apart and the participant did not respond;
- (4) There is a fourth instance in which the refugee expresses an unwillingness to participate without Good Cause.

In any instance of unsuccessful conciliation, the Director of ORI, or his or her designee, must review the case prior to final disposition.

- (C) Upon final disposition, a determination of a period of ineligibility in accordance with Section 328.480 must be made, if applicable.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting department in ensuring the integrity of the financial data.

2. It is essential for the accounting team to adhere to the highest standards of professional conduct and to maintain the confidentiality of all financial information.

3. The document also outlines the procedures for the monthly financial review and the annual audit process, emphasizing the need for transparency and accountability.

4. Furthermore, it highlights the importance of staying up-to-date with the latest accounting regulations and standards to ensure compliance.

5. The accounting department is responsible for providing timely and accurate financial reports to management and the board of directors.

6. It is also the duty of the accounting team to identify and report any potential risks or irregularities in the financial data.

7. The document concludes by stating that the accounting department is committed to providing high-quality service and to supporting the overall success of the organization.

328.480: Ineligibility as a Result of Failure to Participate

When a mandatory RESS participant has been found to have failed or refused without Good Cause to participate in the program; has terminated employment without Good Cause; has failed to accept or refused to accept employment without Good Cause; that individual shall not be included in the assistance unit and shall be ineligible for a period of time in accordance with the provisions of this section.

(A) Consequences of Refusal to Participate

The following are the consequences of a refusal by a mandatory RESS participant to participate in the program:

- (1) If the individual who refuses to participate is the principal earner, as defined in accordance with Section 303.340, the entire assistance unit shall be ineligible for RRP;
- (2) If the individual who refuses to participate is the only dependent child in the assistance unit, the entire assistance unit shall be ineligible for RRP;
- (3) In all other instances, the individual who refuses to participate is not included in the assistance unit.

(B) Ineligibility Period

- (1) In the first finding of a failure or refusal to participate in the program without Good Cause, or failure or refusal to seek, accept or maintain employment without Good Cause, an ineligibility period of 90 days shall result, commencing on the effective date of the grant reduction or termination resulting from the failure or refusal to participate.
- (2) In any subsequent finding of a failure or refusal to participate in the program without Good Cause, or failure or refusal to seek, accept or maintain employment without Good Cause, an ineligibility period of 180 days shall result, commencing on the effective date of the grant reduction or termination resulting from the failure or refusal to participate.

(C) Consequences of a Nonmandatory RESS Participant's Failure or Refusal to Participate

When a nonmandatory RESS participant fails or refuses to participate in RESS without Good Cause, he or she shall be deregistered for a period of 90 or 180 days, depending on whether the noncompliance was the first or subsequent failure or refusal to participate. The grant of the nonmandatory RESS participant shall not be affected.

ACME
BOOKBINDING CO., INC.

SEP 28 1993

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CHARLESTOWN, MASS

